

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report May 15, 2020

Auditor Information

Name: LaShana Harris	Email: preacompliance@gmail.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: P.O Box 4568	City, State, Zip: Frankfort, Kentucky 40604
Telephone: 502-319-1843	Date of Facility Visit: July 8-July 11, 2019

Agency Information

Name of Agency Indiana Department of Correction		Governing Authority or Parent Agency (If Applicable) State of Indiana	
Physical Address: 302 W. Washington Street		City, State, Zip: Indianapolis, IN 46204	
Mailing Address: 302 Washington Street		City, State, Zip: Indianapolis, IN 46204	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.in.gov/idoc/			

Agency Chief Executive Officer

Name: Robert E. Carter, Jr. , Commissioner	
Email: RoCarter1@idoc.in.gov	Telephone: 317-2347-1061 <small>Click or tap here to enter text.</small>

Agency-Wide PREA Coordinator

Name: Bryan Pearson	
Email: BPearson@idoc.in.gov	Telephone: 812-526-8484 ext 220
PREA Coordinator Reports to: William (Bill) Wilson	Number of Compliance Managers who report to the PREA Coordinator: 22

Facility Information

Name of Facility: Pendleton Juvenile Correctional Facility

Physical Address: 9310 South State Road

City, State, Zip: Pendleton, Indiana 46064

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.in.gov/idoc/dys/2346.htm>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
NIC Inspection

Facility Administrator/Superintendent/Director

Name: Angela Sutton

Email: AnSutton@idoc.in.gov

Telephone: (765) 778-3778

Facility PREA Compliance Manager

Name: Angela Burrows@idoc.in.gov

Email: ABurrows@idoc.in.gov

Telephone: (765) 778-3778

Facility Health Service Administrator N/A

Name: Alyssia Wright

Email:
alyssia.wright@WexfordIndiana.com

Telephone: (765) 778-3778

Facility Characteristics	
Designated Facility Capacity:	391
Current Population of Facility:	208
Average daily population for the past 12 months:	227
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	13 years old-20 years old
Average length of stay or time under supervision	300 days
Facility security levels/resident custody levels	Maximum Security
Number of residents admitted to facility during the past 12 months	245
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	206
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	206
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private Correction or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	227
Number of staff hired by the facility during the past 12 months who may have contact with residents:	227

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	45
Number of volunteers who have contact with residents, currently authorized to enter the facility:	30
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	8
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
Number of single resident cells, rooms, or other enclosures:	96
Number of multiple occupancy cells, rooms, or other enclosures:	72
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	48
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: St. Vincent Anderson Regional Hospital)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: N/A)

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Pendleton Juvenile Correctional Facility (Pendleton) is a maximum security juvenile correctional facility for youth offenders and is under the Division of Youth Services within the Indiana Department of Correction (IDOC).

The Prison Rape Elimination Rape Act (PREA) auditor made contact via the telephone with the Indiana Department of Correction (IDOC) PREA Coordinator (PC), Bryan Pearson, on May 2, 2019. The phone conversation detailed a brief synopsis of the audit process and procedures. A formal letter was sent to the PC discussed details of the Pendleton audit on May 6, 2016. The PREA audit notices were also included with this correspondence.

The auditor received the Pre-Audit Questionnaire (PAQ) on June 26, 2019. Additional documentation regarding the PAQ was provided to the Auditor on July 1, 2019. The PREA audit for Pendleton was scheduled for July 8-July 11, 2019.

The auditor submitted another letter to the PC and the Warden, Ms. Angela Sutton on July 2, 2019, that requested specific documentation and information regarding staff, staff shifts and titles, targeted staff information, resident population information, and targeted resident information and specifications.

The auditor had a limited opportunity to conduct pre-audit work prior to the arrival at the facility which included a review of the PAQ. After the PAQ and the supplemental documentation was received on June 26, 2019 and July 1, 2019, respectively, the auditor made verbal contact with the PC via a telephone conversation on July 1, 2019, and discussed the following:

- 1) Logistics regarding the auditor's arrival at the facility, space need to review documentation, and the offices or locations needed to interview residents and staff.
- 2) The audit process including but was not limited to the entrance meeting, reporting requirements, facility tour and interviewing residents and staff.
- 3) The requirements regarding PREA compliance and the corrective action process.
- 4) The revised audit process and the mandatory requirements and expectations of PREA audits.
- 5) Requests for additional documentation and information.

The site review location of the PREA audit was conducted on 07/08/2019 thru 07/10/2019 at the Pendleton is located at 92130 S. State Road 67, Pendleton, Indiana. The audit was conducted by a preliminary probationary PREA auditor that will be certified by the Department of Justice. LaShana Harris was the lead auditor and only auditor that conducted the audit. It is important to note that the auditor refers to incarcerated individuals as "residents" and "youth" interchangeably throughout this audit report.

There were no impediments, boundaries or staff that impeded the audit process or procedures. Documentation and information was securely uploaded and made available to the auditor for review. The auditor was allowed access to all the requested documentation. The auditor was allowed unimpeded access to all staff and all residents to conduct formal and informal interviews throughout the audit process. Additionally, access to all areas of Pendleton including each residential complex, offices, closers, cells bathrooms, kitchen, storage rooms, laundry room, educational building, intake area, and all outside areas was provided.

AUDIT METHODOLOGY

1) Website Review

During the pre-audit phase of the audit the auditor visited the IDOC and the Pendleton website. The auditor reviewed the IDOC webpage to gain some familiarity with the policies and procedures of the agency. Specifically, the auditor reviewed all the content on the website related to PREA including but not limited to the PREA audit reports and the Survey of Sexual Violence (SSV) reports. The probationary auditor found evidence of previous PREA audits. The prior PREA audit was conducted on May 16-May 18, 2016 and the final report was completed on June 6, 2019. The audit report indicated that Pendleton met thirty-eight (38) standards, exceeded one (1) standard and two (2) were not applicable.

During the pre-audit, phase, the auditor was able to make contact with the community advocacy and support organization, the Indiana Coalition Against Domestic Violence (ICADV) and Just Detention International (JDI) to ascertain if there were any resident issues of concern. JDI confirmed that upon review of their database that the organization had not received any reports from Pendleton within the past twelve (12) months.

2.) Posting Requirement

The auditor provided audit notices on May 6, 2019, for Pendleton in English and Spanish to the Agency PC with instructions to post copies in all the residential units and other areas deemed appropriate and accessible by staff and residents. The PC provided the notices to Angela Burrows, the PREA Compliance Manager (PCM), at Pendleton on May 8, 2019. The notices were posted on May 8, 2019. The notices was designed with readable font and bolded with color coded writing for enhanced readability. The notices contained information that detailed information regarding confidentiality and the exceptions to confidentiality was included therein. The auditor received photographs of the posting on July 1, 2019, when supplemental documentation for Pendleton was sent to the auditor.

The PC provided pictures of the PREA audit notice postings in the PAQ that indicated that the notices were posted throughout the facility including but not limited to each unit in the complexes, the dining area, the recreational areas, the medical area, and in the intake area.

3.) The Pre-Audit Questionnaire and Request for Additional Documentation

The PC uploaded the pre-audit questionnaire through a shared folder. The PAQ, policies and practices for IDOC and Pendleton, and other relevant documents and information were uploaded on Syncplicity, a shareable, encrypted platform, and provided to the auditor on June 26, 2019, and July 1, 2019. The auditor reviewed the materials provided by the facility and provided a request for additional documentation and an issues log to the Pendleton PCM on July 2, 2019. The PCM provided all the documentation requested by the auditor during the on-site audit phase.

The documentation uploaded included the number PREA allegations for Pendleton which included 20 allegations of sexual misconduct.

There were no letters received from any residents at the facility prior to the arrival of the auditor at the facility nor following the audit.

On July 2, 2019, the auditor sent the PC and the PCM of Pendleton correspondence requesting general documentation and information regarding staff and youth as well as particular details that identified the specialized roles of staff and targeted residents. The information requested included the following:

1. A map or layout of the facility
2. A current and complete inmate/resident roster
3. A list of youthful inmates/detainees
4. A list of Inmates/residents with disabilities
5. A list of Inmates/residents who are LEP
6. A list of LGBTI Inmates/residents
7. A list of inmates in segregated housing
8. A list of residents in isolation
9. Inmates/residents who reported sexual abuse
10. Inmates/residents who reported sexual victimization during risk screening
11. A current and complete staff roster with the identification of specialized staff noted
12. All contractors who have contact with inmates
13. All volunteers who have contact with inmates
14. All grievances/allegations made in the 12 months preceding the audit
15. All incident reports from the 12 months preceding the audit
16. A list of all allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
17. A list of all hotline calls made during the 12 months preceding the audit
18. The name and contact number of the Director of the Indiana Coalition Against Domestic Violence.
19. The name and contact number of the Ombudsman.
20. Detailed list of **sexual abuse and sexual harassment allegations** in the past 12-month period including:
 - Total number of allegations
 - Number determined to be Substantiated, Unsubstantiated, or Unfounded
 - Number of cases in progress
 - Number of criminal cases investigations
 - Number of administrative case investigations
 - Number of criminal cases referred to prosecution; number indicted; number convicted or acquitted

The correspondence also included a general overview of the itinerary for the audit which was:

July 8, 2018

Introductory meeting

Facility Tour

Resident Interviews

Staff Interviews

July 9, 2019

Meeting

Staff Interviews

Documentation Review

Facility Walk Through

Resident Interviews

July 10, 2019

Facility Walk Through

Documentation Review

Staff Interviews

July 11, 2019

Exit Conference

The auditor received the staff and resident documentation on July 2, 2019. Upon receipt of this documentation, the auditor identified the staff and youth that were going to be interviewed during the on-site stage of the audit. The auditor exercised a methodology for selecting staff to be interviewed. The methodology was every fourth staff from each page of the list. The auditor utilized the mandated prescribed categories of designated staff below as specified:

- Agency head or designee
- Superintendent/Warden
- PREA Coordinator
- PREA Compliance Manager
- Immediate or higher level staff responsible for conducting and documenting unannounced rounds to identify and deter sexual abuse and sexual harassment
- Medical Staff
- Mental Health Staff
- Non-medical staff involved in cross gender strip or visual searches
- Volunteers who have contact with residents
- Contracts who have contact with residents
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responder-both security and on security staff
- Intake staff

The resident documentation requested was categorized in accordance with the PREA Resource Center's (PRC) prescribed targeted population which included the following:

- Youth with disabilities (includes physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Youth who are Limited English Proficient (LEP)
- Lesbian, Gay, Bi-sexual, Transgender (LGBT)
- Youth who reported sexual abuse
- Youth who reported sexual victimization during screening
- Youth in Isolation

The staff interviews were conducted in accordance with the PREA Auditor Handbook interview protocol guide for staff.

4.) *Site Review Preparation*

The auditor provided the PC with an email regarding the on-site audit visit on May 8, 2019. The auditor also contacted Angela Sutton, the Warden of the facility via a telephone conversation in June 2018 to discuss the audit process, protocols, and the role of the auditor, and the logistics regarding the on-site audit unimpeded access to the facility, documentation, and staff. The auditor described the oversight status of the PRC during the probationary audit process along with the audit goals and expectation. The auditor spoke to the Warden, Ms. Sutton, and sent written correspondence on July 2, 2019 after receiving the PAQ, as well as supplemental documentation on June 26, 2019 and July 1, 2019, detailing the upcoming site visit and the request for additional documentation and other issues.

The auditor received an updated staff and resident listing for Pendleton on July 6, 2019. The auditor was able to select a randomized list of staff and youth for interview.

The auditor discussed the logistics regarding the PREA audit while at Pendleton and made a request for a private work space for the auditor so that computers and documentation could be reviewed. A separate location was requested for the confidential interviews with the youth and staff.

ON-SITE AUDIT PHASE

Auditor and Entrance Conference

On July 8, 2019 at approximately 8:30 a.m. CST, the auditor arrived at the facility and conducted an entrance conference with the Agency Head, the PC, the Warden, the Deputy Warden, the PCM, and other members of the Pendleton Management Team in the administrative conference room. The conference room also served as the designated location for the auditor from July 8, 2019-July 11, 2019.

The auditor discussed and detailed the importance of the PREA audit process and discussed her status as the PRC oversight during the probationary audit process, along with the goals and expectation of the audit. In addition, the auditor communicated the tentative itinerary for the four (4) day audit process and indicated that the audit would be no less than a twelve (12) hours per day for the first three (3) days. The auditor discussed the purpose of corrective actions with the timelines associated with any areas that were found deficient. The auditor communicated the importance of transparency regarding areas of concern during the audit process and discussed the value of integrity and ethic related to the PREA audit process regarding the facility leadership and facility staff.

At the conclusion of the entrance conference, the auditor received the documentation that was requested and worked out the logistics regarding resident and staff interviews based upon the resident and staff lists that were received from the PCM.

Audit Schedule

1st Day of Audit

The auditor began the audit process on July 8, 2019 at 8:30 a.m. CST and completed the first (1st) audit day at approximately 12:15 a.m. CST on July 9, 2019. The auditor left the property around 12:30 a.m. CST for a total of 16 hours.

July 8, 2018

- Introductions
- General Audit Process
- Facility Tour
 - Housing Units
 - Bathrooms
 - Shower
 - Medical areas
 - Education
 - Cafeteria
 - Gym
 - Pods
 - Grievance Boxes
 - Phone access
 - Blind spots
 - Mental Health
 - Staff areas
 - Posters/Brochure
 - Visitation/Lawyer rooms
- Intake (Observe)
- Screening process
- Resident education process
- Grievance process observe
- Warden Interview-Ms. Sutton
- PREA Coordinator-Bryan Pearson
- PREA Manager-Ms. Burrows
- Random Resident Interviews
- Targeted Resident Interviews
- Random Staff Interviews

2nd Day of Audit

The auditor began the audit process on July 9, 2019 at 8:00 a.m. CST and completed the second (2nd) audit day at approximately 10:00 p.m. CST. The auditor left the property around 10:15 pm CST for a total of 14 hours.

July 9, 2019

- Staffing plans /Annual Review
- Unannounced rounds documentation
- Files of staff hired or promoted in the last 12 months
 - Background checks
 - Training records

- Contractors/Volunteers List
 - Training records
 - Background checks
- Documentation reports of SA/SH/ and documentation of Investigations with findings
- Documentation of hotline calls and referrals/Ombudsman documentation
- Resident Records
 - Intake records for youth entering the facility in the past 12 months
 - PREA Education records
- Medical staff/Mental health staff
 - Training records
 - Background checks
- Documentation of any grievances that allege SA and decisions
- Sexual Abuse Incident Reviews
- Documentation of Cases referred for Prosecution
- Investigations completed by Internal Investigator
- Investigations completed by an outside agency
- Documentation of staff actions
- Random Resident Interviews
- Targeted Resident Interviews
- Random Staff Interviews

3rd Day of Audit

The auditor began the audit process on July 10, 2019 at 8:00 a.m. CST and completed the third (3rd) audit day at approximately 8:00 p.m. CST. The auditor left the property around 8:30 pm CST for a total of 12 hours.

July 10, 2019

- Walk Through Facility Campus
- Additional Documentation Review
- Random Resident Interviews
- Targeted Resident Interviews
- Specialized Staff
- Random Staff
- Volunteers
- General Observation

4th Day of Audit

The auditor arrived at Pendleton for the audit exit conference on July 11, 2019 at 8:00 a.m. CST and completed the fourth (4th) day and exit conference at approximately 10:30 a.m. CST. The auditor left the property around 10:15 a.m. CST for a total of 2.5 hours.

The Interviews

Informal and formal interviews were conducted with both residents and staff throughout the audit on-site process. The formal interviews were facilitated in accordance with the PREA interview protocols, the

required mandated questions, and the standardized introductory statement explaining the PREA audit and the importance of the interview process in the determination of compliance with the standards. The residents and staff were interviewed throughout the on-site audit process based on availability. The intent of the auditor was to facilitate the interview without causing major disruptions in the scheduling. All the interview participants were advised of the voluntary nature of the interviews and that any identifying information would not be included in the final report.

Random Resident Interviews

The auditor generated the resident interviews based on the resident list that was provided by the PCM. The auditor discussed the importance of a randomized pool of residents as well as the targeted resident population that was required. The auditor selected one resident from each housing complex and insured that all demographics of youth were represented in the interview pool. The methodology used to select the resident was every fifth resident on the listing of youth. The population census indicated that there were 208 residents at Pendleton at the time of the audit. The auditor, in consultation with the PRC advisor, was advised that a minimum of 10 random residents should be interviewed. This number did not include the targeted residents. As a result, the auditor interviewed twenty (20) total youth residents. This number included 13 random residents and 7 targeted residents that met the PREA identified criteria.

All random resident interviews were conducted in the office of the complex administrator in each respective residential housing complex. The office was sound proof and provided visual confidentiality from other residents. The interview was facilitated in accordance with the PREA interview guidelines.

Targeted Resident Interviews

The auditor and the PCM identified the targeted residents that met the criteria of the PREA target categories after the entrance conference meeting. Interviews with the residents that met the criteria were scheduled. The auditor met with one (1) resident that that is a youth charged as an adult; one (1) resident with a cognitive disability; two (2) LGBT residents; two (2) residents that reported sexual abuse; and one (1) LEP resident. There were no residents that meet the following target criteria: physical disability, blind, deaf, hard of hearing, transgender, or a resident segregated for high risk. The auditor was able to verify this information through staff interviews and through the intake staff.

Agency Management and Facility Leadership Interviews

The auditor conducted the interviews with the agency head and agency PC as well as the Pendleton management and leadership staff. Both the Agency Head and Agency PC were on-site during most of the audit and participated in the exit conference. Furthermore, the auditor also interviewed the Warden and the PCM for Pendleton and coordinated each of the interviews so that they were conducive to the scheduling needs of the agency and the facility.

Specialized Staff Interviews

The auditor conducted the specialized staff interviews throughout the on-site audit phase and worked with the managers to coordinate scheduling for the interviews. The specialized staff interviews consisted of the following:

- Immediate or higher level staff (2 staff) responsible for conducting and documenting unannounced rounds to identify and deter sexual abuse and sexual harassment
- Medical Staff (2)

- Mental Health Staff (2)
- Non-medical staff involved in cross gender strip or visual searches(1)
- Volunteers who have contact with residents (2)
- Contractor who have contact with residents (3)
- Investigative staff (1)
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff on the sexual abuse incident review team (2)
- Designated staff member charged with monitoring retaliation (1)
- First responder-both security and on security staff (3)
- Intake staff (1)

Random Staff Interviews

At the time of the on-site audit, the PCM reported the Pendleton had approximately two hundred and twenty-seven (227) staff that were employed by the facility. In randomizing the staff that were selected, the auditor identified staff from all shifts and assignment areas. Facility shifts were conducted over twelve hour shifts from 6:00a.m. - 6:00p.m. and from 6:00 p.m.-6:00 a.m. It was reported that many staff work overtime every day. The auditor interviewed twenty (20) random staff during the three (3) day on-site audit. The pool of staff interviewed contained resident complex officers and sergeants, correctional case workers, program supervisors and support staff, administrative staff as well as correctional officers assigned to the yard and random areas of the facility.

All interviews of random staff took place in a private office in the shift and facility assignment manager's office area in the chapel. The auditor conducted the interviews in accordance with the PREA random staff guidelines.

Site Review

The Auditor conducted a comprehensive facility physical plant inspection and site review on July 8, 2019, July 9, 2019 and July 10, 2019. The facility site review including visiting all the areas that residents had access to on-site. The Warden, the PCM, a correctional officer, and the Deputy Warden assisted in the escort of the auditor throughout the facility. The site review and physical plant inspection of each area of the facility only involved the auditor and one (1) staff. The physical plant inspection by the auditor was focused on the establishment of PREA compliance and adherence to the standards. Any problematic areas or observations were quickly noted and identified to the Pendleton management staff escorting the auditor.

During the site visit the auditor inspected and observed all the residential housing complexes, A,B,C,D, and E. The housing units and cells within those complexes were also observed. The auditor observed the recreation/multi-purpose areas, the education building, all areas of the kitchen, the dining hall, the chapel, the visiting area, the medical area, the greenhouse area, administration, the intake area, main control, outside maintenance areas, and the outdoor recreational area.

While conducting the physical plant inspection and review in each residential housing complex, the auditor observed the restrooms and showering areas and the general movement procedures facilitated by the control area in each complex. The video monitoring system was identified and the auditor observed all the cameras from the control area in each complex. The camera monitored the general areas of the residents but did not interfere with the privacy of a resident. The auditor walked through each building and units within the complex to ascertain if any blind spots or high risk area existed within any unit complexes or buildings. Several blind spots were identified and this information was communicated to

the PCM. In addition, the auditor checked all the phones accessible to residents and the tablet equipment to determine if the mechanisms identified for reporting allegations of misconduct were functional. Based on observation of the facility, this auditor determined that the facility met the general requirements of a juvenile detention facility with no major issues of concern noted except for the blind spots in each unit.

The site visit also consisted of observing general supervision and resident movement practices throughout the facility and on the yard.

The auditor was able to observe multiple intake processes and screening where residents were being processed into Pendleton. The auditor observed residents being brought to the intake area. The intake staff met with each resident individually and conducted an initial assessment and information gathering interviews. Once the intake staff completed the individual face to face assessment and interviews, the intake process ended with the intake staff. Twenty four hours after the intake process, the intake staff completed the comprehensive face to face PREA education with the same residents. The auditor also observed the resident PREA comprehensive education facilitated by the intake staff. The intake staff reviewed all the required PREA information in accordance with the standard. The intake staff communicated all the required information to the residents.

Documentation Review

The auditor reviewed the following documentation:

- Staffing plans /Annual Review
- Unannounced rounds documentation
- Files of staff hired or promoted in the last 12 months (Auditor reviewed 30 files)
 - Background checks
 - Training records
- Contractors/Volunteers List (Auditor reviewed 15 case files)
 - Training records
 - Background checks
- Documentation reports of SA/SH/ and documentation of Investigations with findings (Auditor reviewed all 9 investigation case files)
- Documentation of hotline calls and referrals/Ombudsman documentation (Auditor reviewed 2 page log)
- Resident Records (Auditor reviewed 20 case files)
 - Intake records for youth entering the facility in the past 12 months
 - PREA Education records
 - Mental Health records
- Medical staff/Mental health staff (Auditor reviewed 5 case files)
 - Training records
 - Background checks
- Documentation of any grievances that allege SA and decisions (Auditor reviewed grievance logs/ and 25 actual grievances)
- Sexual Abuse Incident Reviews (Auditor reviewed 9 reviews)
- Documentation of Cases referred for Prosecution (Auditor reviewed 3 reports)
- Investigations completed by Internal Investigator (Auditor reviewed 20 reports)
- Investigations completed by an outside agency (Auditor reviewed 3 reports)
- Shift reports (Auditor reviewed 10 shift reports)

- Incident Reports (Auditor reviewed 30 incident reports)

Sexual Abuse Investigation Summary

Pendleton has a total of nine (9) sexual abuse investigations for a 12 month timeframe. This auditor reviewed all of the investigations. The investigations were regarding youth-on-youth investigations, there were no staff-on-youth investigations provided to the auditor for this timeframe. Three investigations were substantiated. One was substantiated for sexual abuse and two were substantiated as misconduct between youths. One of the investigations was referred for prosecution.

Exit Meeting

The auditor conducted the exit conference on July 11, 2020, with the Agency Head, the PC, the Warden, the Deputy Warden, the PCM, and other members of the Pendleton Management Team. During the exit conference the auditor presented a PowerPoint that detailed the preliminary list of areas that were not in compliance with the PREA standards and described the specific instances of noncompliance. Furthermore, the auditor advised the Leadership Team of the timeline regarding the audit process and advised them of continued contact regarding any documentation or questions.

POST-AUDIT PHASE

Upon completion of the onsite audit phase, the auditor, the PC, and the PCM agreed to communication via email and telephone regarding any outstanding issues or questions regarding the audit. The auditor evaluated all standards juxtaposed against the documentation, interviews, and observations to ascertain compliance for all the PREA standards.

Facility Characteristics

Pendleton Juvenile Correctional Facility (Pendleton) is a 391 bed maximum security juvenile correctional facility for male youth offenders located on 91 acres at 92130 S. State Road 67 in Pendleton, Indiana. The facility is under the Division of Youth Services within the Indiana Department of Correction. Pendleton is one of three juvenile confinement facilities serving males in the state of Indiana. Pendleton is accredited by the American Correctional Association (ACA) and is a participant with Performance-based Standards (PbS).

The facility is designated as a security level 1, maximum security facility that houses only male juvenile residents. The facility houses residents that are considered high risk, combative, sexual offenders, those with health issues or histories of AWOL or escape. Residents that are at Pendleton have been sentenced by one of the 92 counties in Indiana.

The physical plant of the facility provides twenty-four (24) hour confinement for male offenders that have been committed to the facility on felony convictions. Pendleton is the only juvenile confinement facility in Indiana that provides the STEP program for juvenile sex offenders and maintains the confinement of the Youth Incarcerated as Adults (YIA) population.

Pendleton has been identified as a rehabilitative facility that provides treatment for substance abuse, anger management, treatment readiness, sex offender treatment and education, gang alternatives, moral recognition therapy, life skills, and cognitive restructuring. The facility also has special programming like

the Future Soldiers Program, Purposeful Living Unit, and Venture Scouts. These programs were integrated into the rehabilitative culture to empower the residents to become productive citizens.

The average population for the 2018-2019 year has been approximately 225-250 residents and the age range for residents is 12-20. The facility has five (5) housing complexes which consists of three 96-bed single general population housing complexes, a 24-bed intake unit/special needs complex and a 24-bed secure housing unit (Making a Change)/YIA unit. There are 96 single cell rooms and 72 multiple occupancy rooms. A general service building houses medical, food services, laundry and unique housing for special management and behaviorally challenged youths.

An administrative building contains the training center, the visiting area, and conference rooms and staff offices. The physical aspects and the layout of the campus are well maintained, clean, and manicured.

Pendleton has an education building that accommodates the Providence Jr./Sr. High School and a chapel. This educational facility administers academic curriculum as well as vocational programming that culinary arts and horticulture. The building is also connected to the indoor recreational facilities and the chapel.

The facility also has an outdoor recreational area within the fenced perimeter, including baseball diamonds, volleyball courts, basketball courts, and a quarter-mile walking/running track. There is a small administrative building in the middle of campus where staff monitor resident movement while residents are in transition to various buildings. The perimeter of Pendleton has a single arched fence around it and is patrolled around the clock.

Pendleton at the time of the audit reported a workforce of two hundred and twenty-seven (227) full-time staff, 40 contract staff and 81 volunteers. The contract staff at the facility are comprised of Aramark (food), Wexford (medical and mental health), education staff and Liberty (Sex Offender program).

Pendleton has 24-hour medical services. Nursing staff are available on the premises at all times and medical staff have access to an on call medical doctor. SANE forensic examinations are conducted at St. Vincent Hospital by a SANE practitioner. Victim support services are provided by the Indiana Coalition Against Domestic Violence (ICADV).

Pendleton contracts with mental health providers that provide counseling and therapy to residents. The facility also contracts with Liberty Health Services to facilitate the STEP sex offender treatment program.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 39

List of Standards Met:

115.311
115.312
115.315
115.316
115.317
115.318
115.321
115.322
115.331
115.332
115.333
115.334
115.335
115.341
115.342
115.351
115.352
115.353
115.354
115.361
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115.363
115.364
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115.367
115.368
115.371
115.372
115.373
115.376
115.377
115.378
115.381
115.382
115.383
115.386
115.387
115.388
115.389

Standards Not Met

Number of Standards Not Met: 1

List of Standards Not Met: 115.313

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy

- b. Staff Organizational Structure Documentation for the Indiana Department of Correction
- c. Staff Organizational Chart for Pendleton Juvenile Correctional Facility
- d. The PREA Audit Questionnaire (PAQ)

2) Interviews Conducted:

- a. Agency Head/Director
- b. Warden
- c. PREA Compliance Manager
- d. PREA Coordinator

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment within its facility. IDOC ensures that Pendleton employs or designates an upper-level, agency wide PREA Coordinator. IDOC also assures that Pendleton has a designated PREA Compliance Manager.

Provision 115.311(a)

IDOC 02-1-115 Sexual Abuse Policy dictates that Agency’s policy mandating a zero tolerance policy toward any type of sexual abuse, sexual harassment or any type of sexual misconduct. The policy specifically states that “it is the policy of the IDOC to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or which the Department contracts” and identifies the agency’s approach toward prevention, detection and the response as a result of sexual misconduct. The policy also identifies specific behaviors that are prohibited regarding sexual abuse and sexual harassment and stipulates the sanctions of those found to have participated in the prohibited actions shall be immediate disciplinary actions including the possibility of criminal prosecution.

Interviews with the Agency Head, PREA Compliance Manager, PREA Coordinator and the Warden reinforced knowledge of the Agency policy and indicated a comprehension of the zero tolerance policy of IDOC. Twenty (20) out of twenty random staff (20) also confirmed an understanding and comprehension of the IDOC zero tolerance policy. An interview with the youth residents also indicated an understanding of the of zero tolerance policy.

Provision 115.311(b)

IDOC has designated the Executive Director of PREA Compliance (ED-PREA) as the upper-level agency wide PREA coordinator. In examining the organization structure of the IDOC, the ED-PREA is in executive management for the agency. The ED-PREA is responsible for the management and oversight of twenty-two (22) PREA Compliance Managers across the state. The ED-PREA stated that he is in regular contact with all the PREA coordinators statewide and visits all the facilities throughout the state.

During an interview with the ED-PREA, it was communicated that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the facilities. More specifically, it was learned during an interview with the PREA Compliance Manager (PCM) at Pendleton that the ED-PREA has consulted with and been a valuable resource to Pendleton and is working with the PCM because this is a newly acquired responsibility and position.

The ED-PREA was on site each day for the audit and was available for questions or issues.

Provision 115.311(c)

IDOC has a designated PREA Compliance Manager (PCM) with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. This position was identified on the facility's organization structure and the PCM reports directly to the Warden.

During the interview, the PCM indicated that this was a new responsibility, but that the Warden and ED-PREA provided the support and assistance that was need in order to do the job. The PCM indicated that there was sufficient time and authority to assure that Pendleton was PREA compliant. The PCM answered all the questions and indicated that the ED-PREA was going to provide some additional PREA training and education. The PCM had a clear command of her role as the PCM and was able to answer any questions or concerns that the audit presented.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action

No corrective action was required for this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed:

1) Interviews Conducted:

- a. Agency Contract Administrator
- b. Agency PREA Coordinator
- c. PREA Compliance Manager

2) Interviews, Documentation Review, and Site Observations:

Standard 115.312(a)&(b) is not applicable because Pendleton Juvenile Detention Facility does not contract for the confinement of residents. Nevertheless, the Agency does contract for the confinement of offenders that are adults.

Based on an interview with the Agency PREA Coordinator, the PREA Compliance Manager and the Contract Administrator it was determined that Pendleton does not contract for confinement services, but the contracts that do exist for confinement services and the contracts incorporate the PREA requirements therein. The Agency Contract Administrator further stated that the contractors are required to comply with the PREA standards and Indiana Department of Correction policies regarding PREA. In addition, the Agency Contract Administrator indicated that all contracts are monitored for compliance and any contractor that does not comply with the PREA requirements may be subjected to contract termination.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

3) Documents Reviewed:

- a. 2019 Staff Plan
- b. Vacancy Report Breakdown
- c. Current Staffing Report
- d. IDOC Master Roster Analysis
- e. 18-month Vacancy Rate Document
- f. ACA memo "Staffing Determination" from Superintendent
- g. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- h. Staff Meeting Documentation

4) Interviews Conducted:

- a. Agency Head/Director
- b. Warden
- c. PREA Compliance Manager
- d. PREA Coordinator
- e. Intermediate and Higher Level Staff

5) Site Review Observations:

- a. Facility Tour
 - i. A Complex
 - ii. B Complex
 - iii. C Complex
 - iv. D Complex
 - v. E Complex

- vi. Recreation Hall 2
- vii. School
- viii. Dining Hall
- ix. Recreation I
- b. Documentation and Facility Logs Review
- c. Video Monitoring System

6) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) develops, implements, and documents a staffing plan that provides for adequate staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

Provision 115.313(a)

IDOC pursuant to 02-01-115 Sexual Abuse Prevention Policy develops a staffing plan annually. The 2019 Staff Plan developed by IDOC details the current master roster of staff, staffing levels, and mandates an assessment and deployment of video monitoring for Pendleton. Per agency policy, IDOC and the Pendleton management team conducts an annual review of the staffing plan and incorporates any modifications accordingly. The Warden, PREA Compliance Manager, PREA Coordinator indicated that in calculating adequate staffing levels and determining the need for video monitoring Pendleton considers the following criteria when evaluating the needs associated with appropriately staffing the facility: (1) generally accepted juvenile detention and correctional/secure residential practices; (2) judicial findings of inadequacy although there are none; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility’s physical plant including “blind-spots” or areas where staff or residents may be isolated; (6) the composition of the resident population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws; (10) regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors any other relevant factors. The documentation that IDOC and Pendleton utilized in the development of the staffing plan included but was not limited to the vacancy report breakdown, current staffing report; IDOC Master Roster Analysis, and the 18-month vacancy rate document.

Provision 115.313(b)

IDOC 02-01-115 Sexual Abuse Prevention Policy indicates that when the staffing plan is not fully maintained, that Pendleton shall document and justify all deviations from the plan on a shift report and shift roster. There were no documented cases which detailed a deviation from the staffing plan. The staff plan did not address the minimum staff to youth ratios detailed in the policy. Pendleton management through interviews addressed general correctional practices regarding adequate staffing for juvenile justice systems and indicated that the facility had high staff turnover rate. The Warden and PREA Compliance Manager affirmed that the facility has instituted many efforts to address staff retention and in order to maintain adequate staffing levels. Nevertheless, there was no documentation that justified non-compliance with the minimum staff to youth ratios detailed in the IDOC 02-01-115 Sexual Abuse Prevention Policy.

The Warden indicated that the executive staff meets daily to review the staff rosters, staff placements, and reviews all daily incident reports. Pendleton management staff were aware of the requirement to provide justification and documentation for any situation that involves a deviation from the staffing plan and although this information is noted in facility logs, documented justification for any deviations could not be found.

Provision 115.313(c)

IDOC 02-01-115 Sexual Abuse Prevention Policy indicates that the staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours shall be maintained except during limited and discrete exigent circumstances, which shall be fully documented and justified in the shift report or shift roster. Based on a site review and observation of youth populations in A, C, D, and E complex, it was determined that minimum staff to youth ratio of 1:8 were not being followed in each of the respective complexes during waking hours. The complexes were observed for a 3 day period during waking hours and each day A,C,D, and E were found to be noncompliant during waking hours. Moreover, there was no documented justification provided for this deviation in accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy.

Based on interviews with the Warden, the PREA Compliance Manager, and staff at Pendleton, it was determined that staff retention and shortages resulted in noncompliance with the staff to youth ratios during waking hours. The staff to youth ratios during sleeping hours were generally maintained in all the complexes.

Provision 115.313(d)

The IDOC 02-01-115 Sexual Abuse Prevention Policy and the 2019 Staffing Plan both detailed that Pendleton management and the PREA Coordinator shall assess, determine and document any adjustments that are needed for the staffing plan, analyze the deployment of the video monitoring systems and other technology, and evaluate the resources the facility has available to commit to ensure adherence to the staffing plan at least one time annually. The Agency Director and PREA Coordinator indicated the ability to provide consultation to the facility and discussed the collaborative meetings that occurred with Pendleton staff to address staffing, technology, and resources for enhancements. Observation and review of a staff meeting and staff meeting documentation provided additional support and evidence of the collaborative meetings and the subject matter that was discussed.

Observation and facility tours of Pendleton indicated that the facility had fully implemented a video camera monitoring and surveillance system as a vehicle and tool to protect residents against sexual abuse. A Complex, B Complex, C Complex, D Complex, and E Complex were the designated residential housing units. Each unit within the complexes had multiple cameras; nevertheless, in viewing the control center video, blind spots still existed on each unit of the complexes depending on the placement of supervising staff. Cameras coupled with direct supervision would assist in preventing sexual misconduct and sexual harassment in Recreation 1, Recreation Hall 2, Kitchen and the Dining Hall.

During the facility or physical plant tour it was evident that the facility has placed a significant amount of emphasis on camera technology and through interviews of the intermediate and high level staff, vulnerable areas were identified the needed for additional technology was discussed in order to strengthen challenged and weak areas.

Provision 115.313(e)

The IDOC 02-01-115 Sexual Abuse Prevention Policy mandates that intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct. The policy further stipulates that staff shall be prohibited from alerting other staff member that these supervisory rounds are occurring. Interviews with the Warden, Deputy Warden, and intermediate-level staff confirmed that unannounced rounds of the complexes were completed daily and covered all shifts. Furthermore, it was evident by observation and reviewing the complex shift

logs and reports that the unannounced visits were not being completed by intermediate and high level management.

The documentation shift logs were observed during the facility tour and the unannounced inspections were determined to be randomized on both day and night shifts. Nevertheless, there was no consistent standardized documentation of the unannounced visits throughout the facility. Intermediate and higher level staff did not sign in and out of the complexes all the time, thus it was difficult to note the unannounced visits to each facility as well as any issues or problems that existed during the visit. Although the logs were reviewed during the physical plant review and some of the unannounced visits were noted, it was difficult to track and identify the unannounced visits and address any issues that might have been found as a result of the unannounced visits.

The IDOC 02-01-115 Sexual Abuse Prevention policy stipulates that staff are prohibited from alerting other staff of the unannounced visits. An interview with Pendleton immediate and high level staff indicated that they had conducted unannounced rounds and stated that staff were not permitted to advise or contact other buildings to inform them of unannounced visits. Observation revealed that these staff all had radios that transmitted throughout the facility grounds. As a result, staff conducting the unannounced rounds would be able to ascertain whether an announcement was being made to alert staff of a visit. Furthermore, staff indicated that these visits are randomized so that staff would not be able to ascertain a pattern or sequence of visits.

7) Corrective Action:

- a. In accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy Pendleton intermediate and higher level staff should provide documented justification for any deviation regarding maintaining minimum staff to youth ratios (1:8) during waking hours.
- b. In accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy Pendleton intermediate and higher level staff should provide documentation that clearly identifies when unannounced visits are conducted and that stipulates any issues or concerns that are found.

AUDITOR FINDINGS AFTER 180 DAY CORRECTIVE ACTION PERIOD

The one hundred eighty (180) day corrective action period began September 17, 2019 and ended in March 15, 2020. The Auditor contacted the PREA Coordinator and facilitated a telephone conversation on March 20, 2020. The following documentation was requested:

- a. Vacancy Report Breakdown
- b. Current Staffing Report
- c. Resident Population Placement in Complexes for the 2nd and 4th week of Oct-Dec of 2019 and Jan-Feb of 2020. (Documentation that indicates the number of juvenile residents in each residential complex)
- d. Staff Shift Assignments for each Complex regarding the 2nd and 4th week of Oct-Dec of 2019 and Jan-Feb of 2020. (Documentation that show where staff are stationed to work at the facility)
- e. Documentation that details date and time of unannounced intermediate and higher level staff visits and that clearly identifies any issues or concerns found as a result of the unannounced visits. The following time period should be uploaded- Oct-Dec of 2019 and Jan-Feb of 2020.

Due to the international Coronavirus (COVID-19) pandemic, the PREA Coordinator requested an extension for providing the documentation due to the stay-at-home orders issued by many states throughout the country. Per consultation with the PREA Resource Center, the extension was granted for providing documentation and the final report.

After documentation review and phone interview with the PREA Coordinator, the finding after the one hundred eighty (180) day corrective action period was that Pendleton is not maintaining the minimum staff to youth ratios (1:8) during waking hours. Based on the initial site review and observation of youth populations in A, C, D, and E complex, it was determined that minimum staff to youth ratio of 1:8 were not being followed in each of the respective complexes during waking hours. The complexes were observed for a 3 day period during waking hours and each day A,C,D, and E were found to be noncompliant during waking hours. Moreover, there was no documented justification provided for this deviation in accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy.

Based on the initial interviews with the Warden, the PREA Compliance Manager, and staff at Pendleton, during the actual audit, it was determined that staff retention and shortages resulted in noncompliance with the staff to youth ratios during waking hours. The staff to youth ratios during sleeping hours were generally maintained in all the complexes.

The documentation provided by the PREA Coordinator after the corrective action period reflects the ratios as of March 7, 2020 for each housing complex: A1 = 2 to 24; A2 = 1 to 18; C6 = 1 to 10; C7 = 1 to 13; C8 = 2 to 14; D9 = 2 to 11; D10 = 1 to 11; D11 = 1 to 11; D12 = 1 to 11; E13 = 2 to 15; E14 = 1 to 10; E15 = 1 to 8; and E16 = 1 to 12. The PREA Coordinator further reported that Pendleton had a 32.3% custody vacancy rate and 24.5% overall vacancy rate.

This auditor reviewed resident population placement and shift assignment documentation from the following dates:

- 1) October 2019- 2nd and 4th week
- 2) November 2019-2nd and 4th week
- 3) December 2019-2nd and 4th week
- 4) January 2020-2nd and 4th week
- 5) February 2020-2nd and 4th week.

The auditor also reviewed the documentation titled the “February 2020 Staffing Report Position and Employee Details” and the “February 2020 Vacancy report.”

In addition, the Auditor also reviewed the Unannounced Contacts Dorm Log. The PREA Coordinator indicated that this documentation recorded unannounced visits to the housing units by Pendleton intermediate and higher level staff. As a result of this documentation and verbal verification, Pendleton has implemented action steps to document intermediate and higher level staff unannounced visits.

In conclusion, based on the documentation provided and by verbal verification by the PREA Coordinator, Pendleton has not maintained the appropriate staff to youth ratios (1:8) for waking hours due to staff retention, staff shortages and budgetary constraints. Furthermore, the ratio noncompliance is not limited nor discrete exigent circumstances.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Pendleton Juvenile Correctional Facility Operational Procedure #02-03-101
- c. Indiana Department of Correction 02-01-118 Transgender and Intersex Offenders
- d. Training Curriculum
- e. Staff Training Documentation

2) **Interviews Conducted:**

- a. Random Staff
- b. Random Residents
- c. PREA Compliance Manager

3) **Site Review Observations:**

- a. Resident Intake Area
- b. Video Monitoring System

4) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated limits to cross-gender viewing and searches.

Provision 115.315(a)

The IDOC 02-01-115 Sexual Abuse Prevention Policy states specifically that “no facility shall conduct cross-gender strip searches or visual body cavity searches except in emergency circumstances or when performed by medical personnel”. Furthermore, the policy goes on to expound that all cross gender strip

searches conduct during emergency circumstances shall be thoroughly documented and provide justification for the search. Interviews with random staff indicated that cross gender staff strip searches and visual body cavity searches do not occur at the facility. Twenty out of twenty staff affirmed that cross gender searches do not occur although the policy does permit it in exigent circumstances. Interviews with random residents, the Warden, the PREA Compliance Manager also supported the position that staff do not conduct cross gender searches of residents.

The PAQ that was uploaded by Pendleton indicated that there was no (0) cross gender strip or visual cavity searches.

Provision 115.315(b)

Pendleton Operational Procedure #02-03-101 mandates that opposite gender frisk searches of a juvenile offenders shall not be conducted. Interviews with random residents overwhelmingly supported the position that staff of the opposite gender never conduct cross gender frisk searches. Thirteen out of thirteen youth indicated this information during interviews. Pendleton Operational Procedure #02-03-101 further states that when an opposite gender staff member initially determines that exigent circumstances exist the first option is that the staff shall securely escort the resident to an area where a same sex gender staff is available.

Moreover, the policy also indicates that staff shall only conduct opposite gender frisk searches in exigent circumstances or if a staff member has probable cause to believe that a delay in the search would jeopardize the safety, order, and/or security of the facility.

Interviews with both random staff and residents consistently affirmed the same gender policy protocol. The immediate and higher level staff indicated that the staffing assignments always includes staff of the same staff supervising youth. The PAQ that was uploaded by Pendleton indicated that there was no (0) cross gender frisk searches.

Provision 115.315(c)

The IDOC 02-01-115 Sexual Abuse Prevention Policy stipulates that Pendleton shall thoroughly document and provide a justification for all cross-gender strip searches and cross gender visual body cavity searches. Pendleton Operational Procedure #02-03-101 further states that staff shall document all cross-gender searches of juvenile offenders by completing and submitting an Incident Report to the Custody Supervisor or designee. The PAQ uploaded documentation provided two (2) logs: one a cross gender strip search log and the other was a cross gender visual body cavity searches. A review of both the logs indicated that there were no incidents of either search for the audit timeframe. An interview PREA Compliance Manager also supported the data indicated.

No additional information was found during the site review, interviews, documentation review that contracted the incidence of zero occurrences pursuant to the information contained in the PAQ. All random residents and random staff interviewed reported that no cross-gender strip searches, visual body cavity searches, nor pat down frisks occurred at Pendleton.

Provision 115.315(d)

The IDOC 02-01-115 Sexual Abuse Prevention Policy-Limits to Cross-Gender Viewing and Searches directly states that all residents shall be afforded the ability to shower, perform bodily functions and change of clothing without non-medical staff of the opposite gender viewing their breasts, or genitalia

except in an emergency situation or when such viewing is incidental during security checks. The random staff interviewed and the residents interviewed affirmed this information.

Based on observation and interview at Pendleton, the residents were permitted to undress in the bathroom area. Although the front of the bathroom area is glass, the showering area has doors that cover the private body areas of youth residents. The toileting area had half walls but the front of the toileting area was open with no doors. The bathroom configuration did present concerns regarding adequate privacy.

Based on thirteen random resident interviews, all the residents stated that they were able to change clothing and dress behind the closed door of the shower.

Although the residents expressed that they had privacy, there were still concerns regarding privacy based on the observation of physical plant design of the bathroom and showering area and after hearing the procedures exercised by residents when using this area.

The random residents indicated that if the supervising staff was the opposite gender that the staff would not look in the bathroom area and physically turn their back to the window area of the bathroom when residents were showering or toileting. Interviews with random youth and staff affirmed and supported these procedures.

IDOC 02-01-115 Sexual Abuse Prevention Policy-Limits to Cross-Gender Viewing and Searches also states that all staff of the opposite gender shall announce their presence when entering offender housing unit or bathroom area. The policy further indicates that the custody staff may announce their presence to the resident population in the housing unit at the beginning of their duty shift. The announcement must be clear and done so in a manner that ensures all residents in the unit were given reasonable notice of opposite gender staff being present.

During the facility tour, it was observed that staff of the opposite gender announced “female” on the unit in a loud voice prior to entering the unit. Informal interviews were conducted on the tour with both staff and random youth. During these interviews it was confirmed that the announcements did occur most of the time. Some residents stated that some staff were inconsistent with the announcements and the announcements also varied by housing complexes.

The central control staff in each complex recorded the females that visited the complexes and the units in the log book that maintained unit activity.

Provision 115.315(e)

IDOC 02-01-115 Sexual Abuse Prevention Policy, IDOC 02-01-118 Transgender and Intersex Offenders, IDOC 3.01A Health Services for Transgender Offenders, and Pendleton Operational Procedure #02-03-101 mandates that Pendleton shall not physically examine a transgender or intersex resident for the sole purpose of determining the genital status of the resident. The policy states that if the genital status of the resident is unknown, it may be determined during the conversation with the resident, by reviewing medical records or if necessary by learning the information as a part of a broader medical examination conducted by a medical practitioner.

The PAQ indicated that there were no transgender or intersex youth admitted into Pendleton for the designated audit period. All random resident interviews supported this protocol and information. All twenty random staff interviewed affirmed that conducting searches or physical examinations for the sole purpose

of determining genital status was prohibited. All random staff confirmed that no one had ever been asked to conduct these type of examinations.

Provision 115.315(f)

IDOC 02-01-115 Sexual Abuse Prevention Policy, IDOC 02-01-118 stipulates that Pendleton shall train security staff on how to conduct cross-gender pat down searches, and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible consistent with security concerns and needs. In reviewing the training documentation, the curriculum included a section on training staff to conduct cross gender pat downs on both genders as well as transgender and intersex residents in a respectful and professional manner. Furthermore, in reviewing documentation uploaded from the PAQ and provided by the PREA Compliance Manager, it was confirmed that all staff had been trained on the searches curriculum which includes pat downs. In random staff interviews, all the staff confirmed that training was received and communicated the specifics of the training regarding this subject matter. The training documentation reviewed indicated confirmation of this the training for the random staff interviewed.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

5) Corrective Action:

No corrective action was required for this standard

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Memorandum-Limited English Proficiency
- c. Memorandum –Physical Disability
- d. Language Training Center Purchase Agreement Documentation
- e. Propio LS Purchase Agreement
- f. Resident Education Acknowledgment
- g. Staff PREA Training Curriculum

2) Interviews Conducted:

- a. Random Staff
- b. Random Residents
- c. PREA Compliance Manager

3) Site Review Observations:

- a. Resident Intake Area
- b. Resident Education Office

4) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has protocols that address residents with disabilities and limited English proficiency and provide those residents with an opportunity to be educated about Pendleton’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Provision 115.316(a)

IDOC takes the appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent detect, and respond to sexual abuse and harassment including residents that are deaf or hard of hearing, blind or low vision, intellectual

disabilities, psychiatric disabilities, and speech disabilities. Furthermore, IDOC has institute protocols that ensure effective communication with residents who are deaf or hard of hearing. IDOC provides interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using specialized vocabulary and that can provide written materials in formats or through methods that ensure effective communication with any resident that may have a disability.

IDOC Sexual Abuse Prevention policy 02-01-115 states that the presentation of information shall be in a manner that is easily understandable to the residents. Staff shall determine if a resident is in need of accommodations by reviewing the resident's mental health, education and classification records in addition to interviewing the resident. The policy further states that residents with English language proficiency issues or disabilities shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Moreover, the policy asserts that SART members who must interact with the sexual assault victim are able to communicate directly, through interpretive technology, or through resident interpreters during exigent circumstance, with a resident who may be limited in speaking English, or are deaf, or speech impaired. Accommodations shall be made to convey all written information verbally to residents with limited reading skills or who are sight-impaired.

Based on interviews with the PREA Compliance Manager, the intake staff, the Warden, and random staff, residents who have disabilities are provided with a heightened level of assistance to ensure that there is an understanding of the material that is presented. This auditor observed an individualized one-on-one comprehensive education facilitated by the intake staff.

Provision 115.316(b)

IDOC ensures that meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. Furthermore, IDOC has instituted protocols that ensure that interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using specialized vocabulary and that can provide written materials in formats or through methods that ensure effective communication with any resident that may be limited English proficiency are accessible.

IDOC Sexual Abuse Prevention policy 02-01-115 states that residents with English language proficiency issues shall be provided assistance to ensure effective communication pursuant to the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. According to the documentation reviewed, IDOC contracts with the Language Training Center, INC (LTC) and Propio, LLC to provide interpreter/translator services. LTC provides in person translation services and Propio, LLC provides telephonic interpretive services. The LTC and the Propio, LLC contract indicate how to request and access translation services. LTC and Propio, LLC both provide a full service language interpreter services with twenty-four-hour access, seven days a week.

Based on observation, the PREA signs and brochures have both English and Spanish translations to accommodate any youth that may be Spanish speaking.

Based on an interview with the PREA Compliance Manager (PCM) and the Memorandum regarding Limited English Proficiency, it was determined that Pendleton only had one (1) youth that was limited English Proficient and a translator was contracted to assist with this resident. The PCM also indicated that there were no residents with physical disabilities nor any residents that were blind or deaf.

Based on interviews with twenty (20) random staff, it was determined that approximately seventy-five (75%) percent were not aware of the interpreting services or how to access interpreting services. Staff indicated that they would ask their supervisors what to do if a resident was limited English proficient.

Provision 115.316(c)

IDOC has a policy that states that residents shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the safety of a resident, the performance of first responders, or the investigation of the resident's allegations.

Based on an interview with the PCM, it was determined that Pendleton would contact an interpreter for services and would try not to use residents as interpreters. In the one instance where a limited English proficient youth was on the campus, Pendleton did contract with an interpreter to assist in translation services.

An interview with thirteen (13) random youth residents indicated that Pendleton does not use residents for interpretive services.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

5) Corrective Action:

No corrective action was required for this standard.

6) Recommendation Action to Enhance Compliance:

- a. In accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy Pendleton has access to interpretive services and a contract with the Language Training Center and Propio, LLC; nevertheless, staff at Pendleton were unsure of how to access those services. Staff should be re-trained on how to access translation services.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction 04-03-103 Information and Standards of Conduct for Departmental Staff
- c. Staff Employment Documentation and Records

2) Interviews Conducted:

- a. Administrative (Human Resources) Staff
- b. PREA Compliance Manager
- c. The Agency Head
- d. The Executive Director of PREA Compliance

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has human resources protocols that prohibit anyone from being hired or promoted that may have engaged in inappropriate sexual misconduct, sexual harassment or any type of sexual abuse.

Provision 115.317(a)

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff policy affirms that the agency prohibits the hiring or promotion of any one that has engaged, has been convicted of engaging or attempting to engage in sexual abuse in prison, jail, lockup, community confinement, juvenile facility, or other institution. The policy specifically states that all persons recommended for hire in the Department shall undergo a thorough background check. The criminal history background check includes a driver’s license check and fingerprinting, sex offender registry check, employment verification, educational verification, license verification, Child Protective Services check, sexual offender registry check, the Diana Screen, credit history checks or any other screen deemed necessary. The policy goes on to clearly state that Department shall not hire or promote an individual to a position that may have had inappropriate contact with a resident or that has attempted to engage in any sexual misconduct.

An interview with the Administrative (Human Resources) staff, the Executive Director of PREA Compliance, and the PREA Compliance Manager affirmed that this policy and practice was in place.

A review of the Staff Employment Documentation and Records verified the background check process of the agency.

Provision 115.317(b)

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff policy affirms that the agency evaluates the hiring or promotion of any staff that may have engaged in sexual harassment as well as contractors who may have contact with residents.

An interview with the Administrative (Human Resources) staff, and the PREA Compliance Manager affirmed that this policy and practice was in place.

Provision 115.317(c)&(d)

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff policy affirms that the agency prohibits the hiring of a new staff or any staff without the appropriate background check and child abuse registry checks being conducted. The Agency exercises best efforts to make contact with all prior institutional employers regarding any information in reference to substantiated allegations of sexual abuse or any allegation of sexual abuse. IDOC 04-03-103 Information and Standards of Conduct policy states that employment verification and past employment verification shall be conducted to ensure that the applicant actually worked at the employer (s) listed on the application and resume.

In interviewing the Administrative (Human Resources) staff and examining a sample the Staff Employment Documentation and Records it was determined that background checks were completed for staff and new hires. The Administrative (Human Resources) staff, although new, clearly communicated that the background checks for Indiana included the IDACS (System for background checks in Indiana) and the National Criminal Information Center (NCIC)

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff policy affirms that the agency prohibits the hiring of a contractor without the appropriate background check and child abuse registry checks being conducted.

Site review of contractor documentation indicated that three out of three contractors had the appropriate background checks and that child abuse registry checks were completed.

Provision 115.317(e)

The agency has a computerized system in place that conducts back ground records checks at least every five (5) years for current employee and contractors who may interact and have contact with residents.

In an interview with the Administrative (Human Resources) staff, it was determined that Pendleton had a computer system that facilitated the process of completing background checks for staff for the five-year requirement. They system alerts the human resources staff that a background check is needed and staff initiate the process for completing those checks.

A review of Staff Employment Documentation and Records verified that secondary background checks were completed for randomly selected staff and contractors and verification of the background checks were documented in the file.

Provision 115.317(f)

IDOC 04-03-103 Information and Standards of Conduct policy for Departmental Staff policy affirms that applicants and staff are required to report any misconduct to the agency. Applicants are asked to report any misconduct during the hiring process and staff have an affirmative duty to report or disclose any misconduct. Policy states that during the hiring, promotion, demotion, or transfer process, all applicants or employees who may have contact with offender shall be asked, in written applications or in-person interviews, about any previous substantiated incidents of sexual abuse or sexual misconduct. Material omissions or materially false information shall be grounds for termination of employment. In addition, the policy explicitly prohibits the hiring or promotion of any one that has engaged in sexual abuse in a confinement setting, that has been convicted of engaging or attempting to engage in sexual activity in the community, and any one that may have been civilly or administratively adjudicated to have engaged in the activities addressed in number any and sexual misconduct.

During the interview with the Warden, Administrative (Human Resources) staff, and the PREA Compliance Manager it was indicated that the employees were aware of their duty and responsibility to respond truthfully and to any personnel questions as well as to disclose any misconduct that may occur while employed with the agency.

A review of the Staff Employment Documentation and Records verified that staff were asked questions about any sexual misconduct that may have happened in confinement setting or in the community.

Provision 115.317(g)

IDOC 04-03-103 Information and Standards of Conduct policy explicitly states that the agency considers material omissions regarding any misconduct, or the provision of materially false information is grounds for termination.

During the interview with the Administrative (Human Resources) staff and the PREA Compliance Manager both indicated that employees conveying any material false information or the omission of information would be grounds for termination.

Provision 115.317(h)

IDOC 04-03-103 Information and Standards of Conduct policy states that if the Agency receives a request from an institutional employer regarding an employee who has previously worked at the facility pursuant to policy, the Agency may be authorized to disclose information related to substantiated allegations of sexual abuse or sexual harassment.

Based upon interview with the Agency Head and the Executive Director of PREA Compliance it was determined that the agency has an agreement within IDOC regarding the disclosure of any misconduct. Nevertheless, the agency has discretion regarding the degree of sensitive information that maybe shared or released.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action

No corrective action was required for this standard.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,

expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. The PREA Audit Questionnaire (PAQ)
- b. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy

2) **Interviews Conducted:**

- a. PREA Compliance Manager

Provision 115.318(a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention policy states that if the agency does undergo any substantial expansion or modification that the ability to protect residents from abuse will be evaluated in the design or architectural design.

In examining the PAQ and during an interview with the PREA Compliance Manager, it was determined that the facility has not had any expansion, upgrades, or modifications to the property since the PREA audit in 2016. The facility has sustained the general upkeep and maintenance.

Provision 115.318(b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention policy states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, that the agency shall consider how such technology may enhance the ability of the facility to protect residents from sexual abuse.

During the facility tour, the auditor viewed all of the camera systems throughout Pendleton and monitored the functionality of the system. Cameras were strategically placed throughout the facility, in housing complexes, in the education building, chapel, dining hall, kitchen, outdoor areas, recreational areas, laundry room, and in the intake area.

The administrative building contained a camera monitoring control center and each residential housing complex had a central camera monitoring center. The auditor inspected all areas of the facility and identified the vulnerable blind spot areas to the PREA Compliance Manager and staff.

Based on an interview with the PREA Compliance Manager (PCM) the facility has updated its camera system and added cameras throughout the residential complexes. The PCM further stated that the facility is in the process of adding cameras and replacing cameras that are not operating properly. The PCM indicated that Pendleton management evaluate areas where incidents occur and ascertain if enhanced video monitoring is needed.

Interviews with the Agency Head, the Warden and the Executive Director of PREA Compliance reinforced the commitment that the agency and the facility has to incorporating video monitoring technology to increase the Pendleton's ability to protect residents from sexual abuse incidents.

3) Corrective Action:

No corrective action was required for this standard.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Recommendation Action to Enhance Compliance:

- a. In accordance with Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIII, an assessment identifying blind spots in the residential housing complexes and areas accessible by residents should be conducted so that cameras can be placed strategically to eliminate vulnerable physical areas in order to protect residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 00-01-103 Investigations and Intelligence
- b. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- c. Investigation Report Documentation
- d. Sexual Assault Response Team (SART) Documentation and Training Material
- e. Health Services Sexual Assault Manual
- f. Indiana Coalition Against Domestic Violence Documentation
- g. Indiana Department of Correction Health Care Services Directive (Sexual Assault)

2) Interviews Conducted:

- a. PREA Compliance Manager
- b. Medical Staff
- c. Mental Health Staff
- d. Investigative Staff
- e. Random Residents
- f. Resident-Reported Sexual Abuse
- g. Security Staff Who have acted as First Responder
- h. Non-security Staff Who have acted as First Responder
- i. SANE Nurse at St Vincent Anderson Regional Hospital
- j. Indiana Coalition Against Domestic Violence staff

3) Site Review Observations:

- a. Evidence Collection Material
- b. Evidence Collection Procedure
- c. Evidence Collection Lockers

4) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies and procedures to ensure that the Agency is responsible for investigating allegations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. IDOC also ensures that forensic medical services are provided to victims of sexual abuse and that victim support services are offered to resident victims of sexual abuse.

Provision 115.321(a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that all allegations of sexual abuse and sexual harassment shall be investigated. IDOC 00-01-103 Investigations and Intelligence policy further states that all investigators shall receive specialized training for conducting sexual assault and sexual harassment investigations in confinement settings. This training includes: 1) Interviewing sexual abuse victims; 2) Proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; 4) Criteria and evidence required to substantiate a case for administrative action; and 5) Criteria and evidence required to refer a case for prosecution.

Observation of the Investigation Report Documentation regarding the investigations that occurred at Pendleton indicated that allegations of inappropriate sexual misconduct were investigated and reports completed by the investigations staff at the facility.

During the interviews of the twenty random staff more than half of the staff were able to confirm and recall the agency's evidence protocol in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All twenty staff confirmed that the first action would be to ensure that the alleged victim was safe and separated from the alleged perpetrator. The staff indicated that they would contact the supervisor to advise the supervisor of the situation.

Interviews with the Investigative Staff and the PREA Compliance Manager (PCM) confirmed that the Pendleton does have the responsibility to investigate allegations of sexual abuse and sexual harassment.

Provision 115.321(b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and Sexual Assault Response Team (SART) Documentation and Training Material is presented in a developmentally appropriate way for investigating an allegation that involves juvenile victims.

In an interview with twenty random staff, all of them had been trained on how to interact with juvenile victims during the course of an investigation as well as interactions in the daily operations of a juvenile confinement facility.

Based upon a review of the Sexual Assault Response Team (SART) Documentation and Training Material, it was determined that the protocols were developed in accordance with the U.S. Department of Justice's Office on Violence against Women regarding comprehensive protocols and responsibility for sexual assaults.

Provision 115.321(c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention policy states that the agency offers all resident access who experience sexual abuse access to forensic medical examinations without financial cost, where evidentially appropriate.

An interview with the Medical Staff and the PREA Compliance Manager confirmed that a resident who experiences a sexual assault or sexual abuse has access to a forensic medical examination at St. Vincent Anderson Hospital (St. Vincent). Staff indicated that forensic medical services are conducted by a Sexual Assault Nurse Examiner (SANE) at St. Vincent. The Medical Staff stated that medical services unit maintains documentation regarding any resident that receives medical services as well as residents that are taken to St. Vincent for a sexual assault examination.

An interview with the SANE Nurse at St. Vincent Anderson Hospital verified that the sexual assault department of the hospital does conduct sexual assault examinations for residents at Pendleton. The nurse indicated that the SANE room is located in the Emergency room and that it is staffed twenty-four hours a day with SANE staff. The nurse further stated that she has been involved with a least two (2) sexual assault examinations that have involved Pendleton residents.

The PAQ confirmed that two forensic exams have been performed on Pendleton residents within a twelve (12) month timeframe.

Provision 115.321(d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention policy states that the PREA Compliance Manager and other appropriate staff shall work with community resources to ensure that adequate victim advocacy support staff are available to victims of sexual assault.

An interview with the Executive Director of PREA Compliance and a document review of the Indiana Coalition Against Domestic Violence (ICADV) Documentation confirmed that Pendleton has a contractual business relationship with ICADV to provide victim support services from a victim advocate with ICADV.

In reviewing the documentation, ICADV will provide a person or counselor to the resident so that they can talk to someone about the assault or abuse. The organization will also provide referrals to services for ongoing support during and after release.

Based on an interview with Indiana Coalition Against Domestic Violence staff, it was confirmed that ICADV does provide support services to residents that have experienced sexual abuse or a sexual assault. Staff from IDADV also stated that residents call the hotline regarding allegations of abuse and staff reported that information back to Pendleton to see if the resident may be in need of services.

Interviews with thirteen random residents and a resident that reported sexual abuse indicated that more than half were aware of the hotline for ICADV and #66, which is the call in number directly to ICADV.

Observation revealed that Pendleton has the ICADV documentation with the hotline number posted in each residential complex unit.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

5) Corrective Action:

No corrective action was required for this standard.

6) Recommendation Action to Enhance Compliance:

- b. In accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy Pendleton has access to victim support services; nevertheless, some residents at Pendleton were not aware of ICADV or how to access those services. Residents should be re-educated regarding victim support services and how to access support services.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- Indiana Department of Correction (IDOC) 00-01-103 The Operation of the Office of Investigations and Intelligence
- Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy

2) Interviews Conducted:

- d. Specialized Staff-Investigative Staff
- e. Random Staff
- f. Random Residents
- g. PREA Compliance Manager
- h. Warden

3) Interviews, Documentation Review, and Site Observations:

- i. Internal Affairs Investigations Training Documentation
- j. PREA Audit Questionnaire (PAQ)
- k. Internal Affairs Investigation Reports
- l. Internal Affairs Call Log

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies and procedures to ensure that allegations of sexual misconduct are investigated.

Provision 115.322(a)

The IDOC 00-01-103-The Operation of the Office of Investigations and Intelligence Policy states specifically that the Office of Investigations and Intelligence shall be responsible for ensuring that investigations are undertaken and reports are made to the appropriate executive and administrative staff regarding all job related allegations of misconduct and serious violations of federal, state and local statutes, as well, as Department policies and procedures. Furthermore, IDOC 02-01-115 Sexual Abuse Prevention policy section XVI indicates that all allegations of sexual abuse and sexual harassment shall be investigated. The allegations shall be investigated even if the alleged perpetrator or alleged victim are no longer under the Department’s authority.

Twenty out of twenty random staff affirmed during the onsite Interviews that Internal Affairs investigate all allegations of sexual misconduct and sexual harassment. The PCM and the Warden also verified this information during interviews. The Internal Affairs staff confirmed that all allegations of sexual misconduct and harassment are investigated and reports are generated as a result of the investigation. A log is maintained regarding all allegations received by Internal Affairs.

The PAQ that was uploaded by Pendleton indicated that there were twenty allegations of sexual misconduct and harassment received and investigated by the agency for this audit timeframe. The PAQ indicates that there were nine investigations regarding sexual abuse. Three of those investigations were substantiated.

Based on additional documentation review and observation of the Internal Affairs training material and the Internal Affairs call log, it was determined that all allegations regarding sexual misconduct and harassment are investigated when a report is received.

Provision 115.322(b)

The IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy is the written policy that states the policy and practice of the agency. The policy is clear that the Office of Investigations and Intelligence shall be responsible for ensuring that investigations are undertaken and reports are made to the appropriate executive and administrative staff regarding all job related allegations of misconduct and serious violations of federal, state and local statutes, as well, as Department policies and procedures. IDOC 02-01-115 Sexual Abuse Prevention policy section XVI indicates that all allegations of sexual abuse and sexual harassment shall be investigated. Investigators and Internal Affairs staff at local

facilities have the authority to conduct investigations that may or may not be criminal. The investigative staff are sworn officials and have the authority to use Miranda and Garrity warnings.

In the interview with the facility Internal Affairs staff, it was indicated that the investigators had the authority to conduct both administrative and criminal investigations. The Internal Affairs staff also stated that Pendleton had a good working relationship with the Indiana State Police if additional investigative support was needed or law enforcement services were warranted. Staff also understood the responsibility to thoroughly document the PREA allegation investigations and referrals as well as the duty to submit substantiated findings to local prosecutors for criminal adjudication. The investigation report documentation indicated that three substantiated (3) allegations had been referred for criminal prosecution.

Based on interviews and observation during the on-site audit, the auditor observed a meeting where the PCM, the Warden and other member of the management team discussed critical incidents as well as any PREA related incidents. These meeting occur daily and all incidents from the previous day are discussed and evaluated.

The agency policy regarding the referral of sexual abuse and sexual harassment, the Survey of Sexual Violence and the Sexual Assault Prevention Annual Report is accessible on the agency website as observed by the auditor on May 8, 2019.

Provision 115.322(c)

This standard is not applicable because investigators at the facility conduct investigations.

Provision 115.322(d)

Auditor is not required to audit this provision

Provision 115.322(e)

Auditor is not required to audit this provision

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action:

No corrective action was required for this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. PREA Training Curriculum
- c. Staff Training Documentation
- d. Random Staff Training Documentation

2) Interviews Conducted:

- a. Random Staff
- b. PREA Compliance Manager
- c. Administrative (Human Resources) Staff

d. Correctional Training Institute Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that staff receive comprehensive training regarding the Prison Rape Elimination Act.

Provision 115.331(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section V Staff Orientation and Training states that as a part of the new employee orientation training and annual in-service training, all staff shall receive training in the following: 1) The Agency’s zero tolerance policy for sexual abuse and sexual harassment; 2) How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Resident’s right to be free from sexual abuse and sexual harassment; 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) the common reactions of sexual abuse and sexual harassment of victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How avoid inappropriate relationships with residents; 9) How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11) relevant laws regarding the applicable age of consent.

Based on a review of the lesson plan for the PREA training curriculum and the actual training documentation, it was determined that the PREA training for staff is comprehensive and encompassed all the required components.

After interviewing twenty (20) random staff and reviewing the training records of each staff, it was determined that staff received comprehensive PREA training that addressed each of the required components. Staff were able to discuss aspects of the components and elaborate on the subject matter that was taught in the PREA training. Furthermore, all twenty staff could articulate the importance of PREA training as well as their responsibility of protecting residents from sexual abuse and sexual harassment.

Provision 115.331(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section V Staff Orientation and Training states that all training shall be tailored to the gender of the resident population at a given facility.

In reviewing the training documentation and interviewing twenty (20) random staff, it was established by all staff that the training addressed male residents and provided insight and education regarding male residents in confinement. Staff indicated that they received a lot of training at the Correctional Training Institute and that the Making a Change training was valuable.

Provision 115.331(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section V Staff Orientation and Training states that staff shall receive annual in-service training regarding the following: 1) The Agency's zero tolerance policy for sexual abuse and sexual harassment; 2) How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Resident's right to be free from sexual abuse and sexual harassment; 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) the common reactions of sexual abuse and sexual harassment of victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How avoid inappropriate relationships with residents; 9) How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11) relevant laws regarding the applicable age of consent.

In an interview with the PREA Compliance Manager it was reported that training staff monitor and alert staff of PREA related trainings or when staff need to attend training. A review of twenty staff training records indicated that staff completed annual in-service trainings regarding the mandated aspects of PREA. Interviews with twenty random staff further affirmed that staff completed training regarding PREA. Random staff that were interviewed confirmed that they are notified when they have to attend a training and that they are trained on PREA as new employees, annually and during annual in-service training. Staff stated that some PREA trainings are computer based and other trainings have been face to face PREA trainings.

Provision 115.331(d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention states that staff receive PREA training as new hires and as staff during annual in-service training. During documentation review it was confirmed that staff receive training and upon completion of the training, staff sign and date a PREA acknowledgement form stipulating that the material presented was understood.

In an interview with the PREA Compliance Manager and Staff from the Correctional Training Institute that staff are required to attend annual in-service trainings and that staff sign acknowledgment documentation when a training is completed.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. PREA Training Curriculum
- c. Volunteer and Contractor Training Documentation

2) Interviews Conducted:

- a. PREA Compliance Manager
- b. Administrative (Human Resources) Staff
- c. Volunteers
- d. Contractor

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that volunteers and contractors receive training regarding the Prison Rape Elimination Act (PREA).

Provision 115.332(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all volunteers, interns, and contractual staff who have contact with residents shall be provided the same information as staff in regard to sexual abuse and sexual harassment prevention, detection, and reporting. The policy further states that training in detection and response to sexual behavior shall be made a part of the volunteer, intern and contractor orientation training and annual in-service training. Each volunteer, intern, and contractor having regular contact with residents shall be provided with a copy of the brochure provided to staff regarding sexual behavior and receive the same information and training materials that are provided to staff.

In reviewing volunteer and contractor training documentation, it was affirmed that volunteers and contractors received very similar information and documentation regarding PREA. The training material also addressed the following: 1) The Agency’s zero tolerance policy for sexual abuse and sexual harassment; 2) How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Resident’s right to be free from sexual abuse and sexual harassment; 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) the common reactions of sexual abuse and sexual harassment of victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How avoid inappropriate relationships with residents; 9) How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11) relevant laws regarding the applicable age of consent.

In interviews with two volunteers, each volunteer knew what PREA was and could vocalized the importance of PREA education and the safety of protecting residents from sexual abuse. All of the volunteers had been at Pendleton for over three years. In interviews with three contractors, each contractor knew the importance of PREA and stated that they believed that residents should be safe and free from any type of abuse.

Provision 115.332(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all volunteers, interns, and contractual staff who have contact with residents shall be provided the same information as staff in regard to sexual abuse and sexual harassment reporting. In reviewing the training material and curriculum for volunteers and contractor, it was confirmed that there was information and directions provided for reporting an incident of sexual abuse or sexual harassment. In the interviews with the volunteers and the contractors, all of them were able to provide information on how to make report. Each person was able to articulate the zero tolerance policy toward no sexual abuse and sexual harassment.

Provision 115.332(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that the agency will maintain documentation to confirm that volunteers and contractors understand the training. More specifically, when the volunteers and contractors receive training, the individuals have to sign an acknowledgment of the training. Based on observation of the acknowledgement forms, the forms acknowledged their understanding of the material presented in the PREA training.

In reviewing the documentation, Pendleton has forty-five (45) contractors and thirty (30) volunteers. The contractors include medical and mental health contractors from Wexford, LLC and food service contractors from Aramark.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. PREA Resident Education
- c. PREA Brochure English & Spanish
- d. PREA Posters English & Spanish
- e. Youth Handbook
- f. Random Staff
- g. The PREA Audit Questionnaire (PAQ)
- h. Student Orientation Checklist Documentation

2) Interviews Conducted:

- a. PREA Compliance Manager
- b. Intake Staff
- c. Random Residents

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that residents receive training regarding the Prison Rape Elimination Act (PREA).

Provision 115.333(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all residents shall receive as a part of orientation to a facility an education segment regarding PREA and sexual abuse and sexual harassment prevention. The resident shall be provided with verbal and written information regarding: 1) The Agency’s zero tolerance of any sexual abuse and sexual harassment; 2) Self-protection; 3) Reporting sexual abuse and sexual harassment; and 4) Treatment and consulting available to offenders who are victims of sexual abuse. At Pendleton, the information is presented to the residents at intake and the presentation of this information shall be in a manner that is easily understandable to the residents in accordance with the policy. PREA information is also contained in the “Youth Handbook” which is provided to each resident during intake and orientation.

Based on the observation of the comprehensive PREA education session presented by the Intake Staff, it was determined that residents received PREA education within twenty-four (24) hours of intake at Pendleton. The Intake Staff reads all the PREA comprehensive education to each resident. During the PREA education session, residents were advised on the zero tolerance policy of Pendleton and how to report allegations by either telling staff, writing a grievance or dialing #22. Residents are also provided with a PREA brochure and the Youth Handbook. All the information is presented in an understandable manner for young residents.

Based on the observation of “The Youth Handbook” this auditor saw that it detailed information regarding the agency’s commitment to providing a safe environment for residents and adhering to a zero tolerance policy. The handbook goes on to provide descriptions for sexual abuse, sexual harassment, the reporting protocol, the “Pound 22 System”, and victim support services information. A PREA video is also played in the classrooms periodically so that residents receive a periodic refresher training in reference to PREA protocols.

An interview with the Intake Staff confirmed the PREA education topics that are taught in intake. The auditor discussed the comprehensive education information with the Intake Staff and confirmed that all required topics are discussed in a small group with all residents.

An interview with thirteen (13) random residents confirmed that each resident received PREA training regarding zero tolerance and reporting sexual abuse or harassment. Each resident verified the reporting process and all residents knew that #22 is the hotline used to report.

Per the PAQ, there have been two hundred and six (206) intakes during the previous twelve (12) month period at Pendleton and based on an interview and documentation from with the Intake Staff as well as verification from the PREA Compliance Manager, 100% have received the appropriate intake information in the required timeframe.

Provision 115.333(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all residents shall receive as a part of orientation to a facility an education segment regarding PREA. At Pendleton, residents receive, within twenty-four (24) hours of intake, age appropriate comprehensive education regarding the right to be free from sexual abuse or sexual harassment, the right to be free from retaliation for reporting such events, and the agency's policies and procedures for responding to PREA incidents.

Based on an interview with the Intake Staff, all residents received comprehensive face to face in-person PREA education that includes the aforementioned topics within twenty-four hours of intake. The Intake Staff is the comprehensive PREA education facilitator for all the residents. The auditor observed the comprehensive PREA education of six (6) new intakes that occurred within the twenty-four (24) hours of intake. All the new residents received education that was understandable and age-appropriate and signed acknowledgement documentation indicating that they received this education and information.

Based on interview with thirteen (13) random residents, it was confirmed that each resident received the comprehensive PREA education topics required.

Provision 115.333(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all residents shall receive PREA education. Generally, within twenty-four hours but no later than seventy-two (72) hours of arrival, all residents receive comprehensive face to face in-person PREA education. In accordance with IDOC PREA policies, protocols regarding when residents should PREA education are not different. Juvenile facilities provide all resident intakes with PREA education upon entry to a facility.

Based on an interview with the Intake Staff, all residents received comprehensive face to face in-person PREA education. The auditor observed the comprehensive PREA education of new intakes that occurred within the twenty-four (24) hours of intake.

Based on an interview with random youth, it was confirmed that they also received PREA education at the intake assessment facility prior to coming to Pendleton.

Provision 115.333(d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all residents shall receive PREA education and the agency provides resident education in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, disabled, or have limited reading skills.

An interview with the Intake Staff confirmed that the PREA education is conducted face to face in-person and accommodations are made for residents that need different formats because of any condition or disability that may exist. Based on observation, the PREA written documentation is also available to residents that speak Spanish and in-person and telephonic translation services are available, if needed.

An interview and documentation produced by the PREA Compliance Manager indicated that Pendleton has not had a disabled, deaf, or a visually impaired. A youth that was limited English proficient was on campus and was provided an interpreter during the twelve (12) month timeframe.

Based on observation of Pendleton, there were PREA posters in English and Spanish in all of the residential housing complex units.

Provision 115.333(e)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all residents shall receive PREA education and each resident is required to sign an acknowledgement that they received the PREA education upon completion of the comprehensive PREA education training.

Based on observation of the comprehensive PREA education training, the auditor witnessed a resident in the PREA education training sign documentation that they had received the training. Furthermore, based on file review of thirteen (15) random residents, the auditor was able to review acknowledgment forms that were signed and dated by residents that had received the PREA education. Furthermore, the Intake Staff maintains documentation of all residents that come through intake and that have received comprehensive PREA education.

Provision 115.333(f)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that all residents shall receive PREA education. Pendleton ensures that key information is continuously and readily available and visible to residents through posters, resident handbooks, or other mediums.

Based on observation, the auditor observed PREA posters throughout the residential complexes in each unit. In addition, the PREA information is also contained in the "Youth Handbook" which is received by each resident. A PREA icon is also on the tablets that the residents possess and a report can be made from the tablet.

In an interview with Education Staff, it was confirmed that a PREA video is shown during school hours so that all residents receive refresher information regarding PREA. All residents that this auditor spoke with confirmed that a PREA video was periodically played on the television during the education period.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction 02-01-115 Investigations and Intelligence
- c. Staff Training Documentation and Records

2) Interviews Conducted:

- a. Investigations Staff
- b. The PREA Compliance Manager

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that investigators receive specialized training regarding conducting sexual abuse investigations in confinement settings.

Provision 115.334(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section X states that all investigators shall receive training in conducting sexual abuse investigations in confinement settings and shall attend SART training prior to completing sexual abuse and sexual assault investigations. The policy further states that this documentation shall be in the staff’s training records.

Indiana Department of Correction 02-01-115 Investigations and Intelligence Policy states that all investigators shall receive specialized training for conducting sexual assault and sexual harassment investigations in confinement settings. This training shall include the following topics: 1) Interviewing sexual abuse victims; 2) Proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; 4) Criteria and evidence required to substantiate a case for administrative action; and 5) Criteria and evidence required to refer a case for prosecution.

In an interview with the Investigation Staff, it was stated that Pendleton had one (1) trained investigator that presented documentation verification that the investigator had completed “Investigations of Sexual Abuse in Confinement Settings” and the Sexual Assault Response Team training regarding Sexual Abuse. In the course of the interview, it was clear that the investigator had specialized training at the IDOC Investigations and Intelligence Training Academy as well as the trainings referenced above. When asked specific questions regarding investigations processes, the investigator was able to provide specifics regarding questioning victims and alleged perpetrators, evidence collections, and investigations techniques and considerations.

The PREA Compliance Manager confirmed that the investigation staff had the training required in accordance with PREA.

Provision 115.334(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section X states that all investigators shall receive training in conducting sexual abuse investigations in confinement settings. Indiana Department of Correction 02-01-115 Investigations and Intelligence Policy states that all investigators shall receive specialized training for conducting sexual assault and sexual harassment investigations in confinement settings. This training shall include the following topics: 1) Interviewing sexual abuse victims; 2) Proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; 4) Criteria and evidence required to substantiate a case for administrative action; and 5) Criteria and evidence required to refer a case for prosecution. The policy further states that this documentation shall be in the staff's training records.

Observation of the Staff Training Documentation and Records indicated that the Investigative Staff had the required training that addressed: 1) Interviewing sexual abuse victims; 2) Proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; 4) Criteria and evidence required to substantiate a case for administrative action; and 5) Criteria and evidence required to refer a case for prosecution.

An interview with the Investigation Staff confirmed that the required training had been completed.

Provision 115.334(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section X states that all investigators shall receive training in conducting sexual abuse investigations in confinement setting. The policy further states that this documentation shall be documented in the staff's training records.

Based on observation, Pendleton had the staff training records verifying that the Investigation Staff had completed the required training.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Staff Training Documentation and Records

2) Interviews Conducted:

- a. The PREA Compliance Manager
- b. Medical Staff
- c. Mental Health Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that medical and mental health staff receive Prison Rape Elimination Act (“PREA”) training.

Provision 115.335(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section VI states that all contractual staff shall be provided the same information as staff regarding to sexual abuse and sexual harassment prevention, detection, and reporting. The policy indicates that training in detection and response to sexual behavior shall be made a part of the orientation and annual in-service training. Furthermore, it goes on to explain that medical and mental health staff are also trained on evidence preservation, reporting and how to communicate and respond to victims.

A review of Staff Training Documentation and Records for Medical and Mental Health staff verified that the components for training met the criteria. Based upon an interview with Medical Staff and Mental Health Staff it was determined that each respective staff provided documentation that indicated that they had completed the required training. Furthermore, through conversation, the auditor was able to

conclude through questioning that Medical and Mental Health staff we able to explain and article particular information regarding that training.

Provision 115.335(b)

Pendleton does not conduct forensic medical examinations. The Medical Staff stated that St. Vincent Anderson Regional Hospital provides forensic exams by Sexual Assault Nurse Examiner (SANE) for Pendleton victims.

Provision 115.335(c)

This standard is not applicable. The Agency does not have any full-time or part-time medical or mental health practitioners. The medical and mental health staff are contracted through Wexford. The Wexford contract requires that contract staff have the mandated PREA training required by the Agency.

Provision 115.335(d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section VI states that all contractual staff, including Medical and Mental Health Staff, shall be provided the same information as staff in regarding to sexual abuse and sexual harassment prevention, detection, and reporting. All medical and mental health staff shall receive the same training as staff in addition to specialized training component and the general staff training includes the following: 1) The Agency's zero tolerance policy for sexual abuse and sexual harassment; 2) How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Resident's right to be free from sexual abuse and sexual harassment; 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) the common reactions of sexual abuse and sexual harassment of victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8)How avoid inappropriate relationships with residents; 9) How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11) relevant laws regarding the applicable age of consent.

Based on interview with both Medical and Mental Health Staff, it was verified that the staff had received training in reference to the topics specified above. Medical and Mental Health staff were able to discuss the subject matter.

Based on the observation of the Medical and Mental Health training documentation during the interview, it was confirmed that both had received similar training as staff.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action:

No corrective action was required for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Resident Intake and Screening Documentation
- c. Juvenile SVAT Questionnaire
- d. Sexual Violence Assessment Tool

- e. Indiana Department of Correction 01-04-104 The Establishment, Maintenance and Disposition of Offender Records
- f. Student Orientation Checklist

2) Interviews Conducted:

- a. The PREA Compliance Manager
- b. Intake Staff
- c. Random Residents

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that residents are screened for risk of sexual victimization in accordance with the Prison Rape Elimination Act (“PREA”) standards.

Provision 115.341(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XI states that within twenty-four (24) hours of a resident’s admission to the intake unit of the Department, intake staff shall assess a resident through interview and reviews of the offender’s record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual abuse victim. This assessment shall use the appropriate Sexual Violence Assessment Tool.

Based on a review of the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool, this screening instrument ask questions about resident behavior, history, orientation, maturity level, physical build, and other areas. An interview with the Intake Staff, confirmed that the usage of the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool is to ascertain the vulnerability or aggression propensity of residents in order to determine the appropriate residential housing placement. In addition, the Intake staff confirmed that the assessments are completed within twenty-four (24) hours of the resident’s arrival, but most assessments are generally completed upon arrival.

Based on observation this auditor, observed the intake and assessment protocol when residents arrive at Pendleton. Immediately upon arrival, intake staff facilitated, in person and face to face, the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool.

In an interview with the intake staff, it was determined that residents are reassessed within thirty (30) days based on general assessment timeframes or incidents that may trigger a reassessment.

Based on interviews with thirteen (13) random residents, all residents remember answering questions during intake. The residents recalled specific questions that were asked during the intake process and were able to share some of those questions with the auditor to in order to confirm some processes of the intake protocol.

Provision 115.341(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XI states that within twenty-four hours of a resident’s admission to the intake unit of the Department, intake staff shall assess a resident. Based upon a review of the Juvenile SVAT Questionnaire, it was determined that it is an objective screening instrument that is comprised of questions to ascertain if a resident is an aggressor or is vulnerable to be a victim of sexual abuse or sexual harassment. This instrument is also used to

determine housing placement. The Intake Staff interviews each resident in order to obtain the answer the questions. This questionnaire is not self-administered.

Provision 115.341(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XI states that within twenty-four hours of a resident's admission to the intake unit of the Department, intake staff shall assess a resident.

Based on an interview with the Intake staff, it was determined that the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool attempts to ascertain information about the following: 1) Prior victimization or abusiveness; 2) Any gender nonconforming appearance, lesbian, gay, bi-sexual, transgender, or intersex; 3) Current charges or offenses; 4) Age; 5) Level of emotional and cognitive development; 6) Physical appearance; 7) Mental state or disabilities; 8) Intellectual development or disabilities; 9) Physical disabilities; 10) The individual's own perception of self; and 11) Any additional information that is relevant in determining vulnerability or aggression.

Based upon interview with the Intake Staff, it was determined that the intake interviews with the residents combined with the history of the resident and the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool results help a committee examines the totality of the information in order to identify housing placement.

Based upon a review of thirteen random resident files, this auditor was able to view all the intake documentation, including the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool, for the residents. All of the documentation was completed thoroughly.

Provision 115.341(d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XI states that within twenty-four hours of a resident's admission to the intake unit of the Department, intake staff shall assess an offender.

Based on interview with the Intake Staff, it was determined that the information is ascertained through face to face in-person conversation with the resident during the intake process, through classification assessments, and through information that is in the resident files. Although the intake worker has the residents answer the question on the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool face to face, additional information from the assessment facility regarding the resident is also reviewed by the Intake Staff.

Provision 115.341(e)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XI states that within twenty-four hours of a resident's admission to the intake unit of the Department, intake staff shall assess a resident. The policy further states that the facility shall implement appropriate controls on the dissemination of information within the facility regarding the responses to the questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Based on an interview with the Intake Staff, it was determined that the information obtained in the assessment, the Juvenile SVAT Questionnaire and the Sexual Violence Assessment Tool, is kept confidential and only shared with a certain staff that are on the committee that determines housing

placements. Resident files are maintained in lock file cabinets and only staff that have access are allowed to access those files.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)

Yes No NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Resident Intake and Screening Documentation
- c. Juvenile SVAT Questionnaire
- d. Sexual Violence Assessment Tool
- e. The PREA Audit Questionnaire (PAQ)
- f. Memorandum regarding Transgender and Intersex

2) Interviews Conducted:

- a. The PREA Compliance Manager
- b. Intake Staff
- c. Staff Screener for Victimization/Abusiveness
- d. Random Residents
- e. Isolation Staff
- f. Resident in Isolation
- g. Random Staff

3) Observation Areas:

- a. B Housing Complex

4) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to ensure that residents are screened for risk of sexual victimization in accordance with the Prison Rape Elimination Act (“PREA”) standards and that the information obtained from the screening tools are used to determine resident placement and activities. This standard has nine components: (a) The agency shall use all information obtained pursuant to 115.342 and subsequently to make housing, bed, program, education, and work assignment for residents with the goal of keeping all residents safe and free from sexual abuse; (b) Resident may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then not only until an alternative means of keeping all residents safe can be arranged; (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing solely on the basis of such identification or status, nor shall agencies consider orientation as an indicator of the likelihood of being sexually abusive; (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and making other and programming assignments; (e) Placement and programming assignments for transgender and intersex residents shall be reassessed at least twice a year to review threats to safety; (f) A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration; (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents; (h) If a resident is isolated for safety then the facility shall clearly document the basis of the concern and the reason why no alternative means of separation can be arranged; and (i) Every thirty (30) days, the facility shall afford each resident a review to determine if there is a need for continued separation.

Provision 115.342(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XII states that within twenty-four (24) hours of a resident transfer to another facility, staff making housing decisions at the receiving facility shall review the resident’s PREA flag status to determine whether the resident may be a potential aggressor or a potential victim in determining the initial housing assignment. The agency uses the information obtained from the assessments or questionnaires to keep the resident safe, to determine housing, bed assignments, work assignment, education assignment, and program assignments.

An interview with the Intake Staff and Staff Screener for Victimization/Abusiveness, revealed that the committee that reviews the information to place residents in housing assignments considers all the information that is obtained from the resident and careful consideration is given to placing the residents in the housing complexes. Interviews with the PREA Compliance Manager and the Intake Staff, stated that the SVAT is used to make decisions about the placements considerations. In addition, the Intake

Staff stated that the program managers in each housing complex utilize the information to separate those sexually vulnerable residents from the highly aggressive and sexually abusive residents. The Intake Staff indicated that it is important that staff are aware of a resident's vulnerability or aggressive status in order to cultivate a safe environment for all residents.

Provision 115.342(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XII states that the facility shall use information derived from the screening instruments to inform decisions of placement. The committee that evaluates the placement of residents makes individualized decisions regarding the safety of residents and placement. Policy states that residents who are identified as a likely PREA aggressor shall not be housed in the same cell as or in a bed adjacent to residents who have been identified as a likely PREA victim. Likely PREA victims may be housed in protective custody or other assignments to reduce the likelihood of sexual victimization and staff do consider PREA red flags for work and program assignments.

Based on an interview with the Intake Staff and Staff Screener for Victimization/Abusiveness, who is on the placement committee, it was determined that the committee works to place resident on individualized criteria in a housing complex that is conducive to success and placing a resident in isolation is a last resort. The PREA Compliance Manager indicated that if a youth is placed in isolation that resident is entitled to large muscle exercise and educational programming. The PREA Compliance Manager also indicated that medical and mental health staff would visit the residents in isolation each day to evaluate their health and mental health status and needs.

Based on observation of residents that were in isolation, the auditor was able to see residents being able to walk on the unit. The auditor was also able to observe educational programming material being provided to the residents.

Based on an interview with a resident in isolation, it was verified that the resident was able to come out of isolation and walk around the unit as long as the behavior did not pose a safety threat to security. The resident also confirmed that educational program was provided while in isolation and the medical and mental health staff check on resident status daily.

Provision 115.342(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XII states that a facility shall not place lesbian, gay, bi-sexual, transgender, or intersex youth in resident units or other assignments solely based on identification or status or the likelihood of being sexually abusive.

The Intake Staff, Staff Screener for Victimization/Abusiveness, and the PREA Compliance Manager and policy confirmed that if staff determines that a resident is a potential aggressor or potential victim, the resident's record shall be flagged accordingly in the juvenile data base and the placement committee will evaluate the information.

Based upon a specialized interview with one (1) resident who identifies a gay, it was determined that the resident felt safe about his housing placement and that he has not been isolated solely because of his status or orientation. The resident stated that if he did not feel safe that he felt like he could tell staff about his situation.

Provision 115.342(d),(e),(f), & (g)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XII states that residents who identified as transgender or intersex shall receive an initial placement and programming assessment with subsequent reassessments conducted every six (6) months. The policy further states that in deciding whether to place a transgender or intersex in a facility for males or female offenders, and in making other housing and programming decisions, the agency shall consider on a case by case basis whether a placement would ensure the resident's health and safety; and whether the placement would present management or security problems. The agency also gives consideration to the resident's own perspective regarding their own safety perceptions. Policy dictates that transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Based on interviews with the Intake Staff, Staff Screener for Victimization/Abusiveness, and the PREA Compliance Manager (PCM), as well as the documentation provided by the PCM, there has not been a transgender nor an intersex resident at Pendleton within the past twelve (12) months.

Provision 115.342(h) & (i)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XII policy indicates that if a resident is isolated that the facility will clearly document the basis of concern for the resident's safety but emphasizes that residents will not be placed in involuntary restrictive housing unless an assessment of all available alternatives have been made and a determination has concluded that there is no available alternative means of separation. The policy further states that the assignment shall not ordinarily exceed a period of thirty (30) days and juvenile placement in this housing shall be reviewed every twenty-four (24) hours.

The PREA Compliance Manager and the Isolation Staff confirmed this information and reiterated that the goal is to protect the well-being of the resident. The facility identifies this area as the "Making a Change" unit which is considered a redirection or re-focus program. Both staff further stated that juveniles in this housing assignment are monitored closely and their status is reviewed every twenty-four (24).

Random staff that were interviewed indicated that if the facility places a resident in involuntary segregated housing, that staff would document all details of the placement.

Based on observation of the restrictive housing area, the auditor observed constant observation of the residents by staff. The auditor also observed medical staff checking on the residents to confirm that there were no health needs or issues.

A review of the PAQ indicated that the number of resident at risk for sexual victimization who were held in involuntary segregated housing within the past twelve (12) month was zero.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard

5) Corrective Action:

No corrective action was required for this standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Coalition Against Domestic Violence (ICADV) Contract
- c. PREA Poster
- d. PREA Brochure
- e. Hotline Call Log Documentation
- f. Grievance Log Documentation
- g. Youth Handbook
- h. The PREA Audit Questionnaire
- i. Indiana Coalition Against Domestic Violence Staff
- j. Incident Report Documentation
- k. Indiana Coalition Against Domestic Violence Poster

2) Interviews Conducted:

- a. The PREA Compliance Manager
- b. Random Residents
- c. Random Staff
- d. Random Staff (officers)
- e. ICADV Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to establish procedures allowing for multiple reporting mediums for residents.

Provision 115.351(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV Reporting Sexual Abuse states that the facility shall provide multiple ways for a resident to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff reporting for sexual abuse and

sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews with Random Staff and Random Staff Officers, verified that Pendleton had established procedures regarding multiple internal ways for residents to report privately to the agency or facility officials and sexual abuse or sexual harassment. The following are ways that staff indicated that residents could report: 1) Contact family; 2) Tell their counselor; 3) Report to staff verbal or provide writing; 4) Grievance; 5) Call the Hotline; or 6) Use their tablet.

Interviews with random residents, verified that Pendleton had established procedures regarding multiple internal ways for residents to report privately to the agency or facility officials and sexual abuse or sexual harassment. The following are ways that staff indicated that resident could report: 1) Contact family; 2) Tell their counselor; 3) Report to staff verbal or provide writing; 4) Grievance; 5) Call the Hotline; or 6) Use their tablet. Several residents did express a concern about making calls on the hotline; they indicated that they did not know if the call were private calls or if staff were listening to the calls.

Based on documentation, the auditor found that the Agency had multiple processes in place in order for a resident to report sexual abuse. Residents had access to phone where a hotline could be dialing using the #22 system. ICADV posters were placed throughout the housing complex units with the hotline number on the posters in English and Spanish. Residents indicated that they could submit a grievance, contact family or tell staff.

Based on the observation of a phone call, this auditor was able to see how a call was made using the phone system on the units of the housing complex. In order to use the phone, a resident must enter his identification number and then the phone will allow a hotline call to be made.

This auditor checked all the resident phones in the common areas of the housing complex units. All the phones were in working order throughout the facility except for two (2) phones. The PREA Compliance Officer (PCM) was with the auditor to confirm if the hotline phones were in working order. This auditor advised the PCM of the phones that were not in working order as each phone was tested.

Provision 115.351(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV Reporting Sexual Abuse states that the facility shall provide a way for a resident to privately report sexual abuse and sexual harassment to a public or private entity that is not part of the agency.

Based on reviewing IDOC and Pendleton documentation. IDOC has a contract with ICADV to provide hotline answering services regarding sexual abuse or sexual harassment calls. The ICADV is a private entity that is not associated with IDOC and provides support services to sexual abuse victims from Pendleton. This auditor called the hotline to verify that the hotline worked properly. The auditor also interviewed the ICADV staff to verify the process of resident making a hotline call. The ICADV staff indicated that when a call is received from a resident at Pendleton the resident does not have to leave their name but is encouraged to leave their name so that the situation that is being reported can be looked into or investigated. Residents can also send a letter to the Ombudsman by mail. Both the ICADV staff and the Ombudsman's office were responsive to follow-up call from this auditor.

Interviews conducted with thirteen (13) random residents indicated that they were all aware of the ICADV hotline posters in the units, but they were as familiar with the Ombudsman contact.

Based on interviews, the Executive Director of PREA Compliance and the PREA Compliance Manager both indicated that residents are not solely detained for civil immigration purposes.

Provision 115.351(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV Reporting Sexual Abuse states that a resident may report any allegation of sexual abuse or sexual harassment to any staff. The policy further states that staff shall ensure that residents are aware of the manner in which reports can be made and that all reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of shift.

An interview with twenty (20) random staff verified that if a resident reported any sexual abuse or sexual harassment that staff would immediately notify their supervisor regarding the information or allegations, make sure that the resident was safe and document the information in an Incident Report before they left their shifts.

Based on observation, the auditor was able to verify reports made by residents and incident reports written by staff.

Provision 115.351(c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV Reporting Sexual Abuse states that staff has a duty to ensure that residents are aware of the manner in which reports can be made and provide them with the resources need to make a report and keep them safe. The policy indicates that staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to a Shift Supervisor, an Investigator, the PREA Compliance Manager, and the Executive Director of PREA Compliance or the IDOC Sexual Assault Hotline.

Based on an interview with twenty (20) Random Staff, it was determined that staff would assist any resident with making a report in any way possible. Whether it is providing the resident with paper and pen, writing up the information for the resident, or allowing the resident to call the hotline. All of the staff stated that each of them felt comfortable with reporting information to their direct supervisor or to the Warden. All the staff stated that they felt that management would support them.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction 03-02-105 Youth Grievance Process
- c. The PREA Audit Questionnaire
- d. Grievance Documentation
- e. Grievance Log

2) Interviews Conducted:

- a. Warden
- b. The PREA Compliance Manager
- c. Random Residents
- d. Random Staff
- e. Random Staff (Officer)

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to establish a grievance procedure where residents can resolve complaints relating to their conditions of confinements.

Provision 115.352(a)

Indiana Department of Correction 03-02-105 Youth Grievance Process policy provides an administrative process for residents to resolve concerns relating to their conditions of confinement with the Agency. The agency is not exempt from this standard because it has established a protocol for addressing sexual abuse grievances.

Provision 115.352(b)

Indiana Department of Correction 03-02-105 Youth Grievance Process policy states permits a resident the opportunity to submit a grievance alleging sexual abuse; nevertheless, the policy indicates that when that grievance is submitted it becomes an emergency grievance that is processed immediately. The policy states that the grievance specialist shall immediately bring the grievance to the attention of the Executive Assistant to the Warden for review and response. The policy further stipulates that filing a grievance alleging that a resident is subject to imminent risk of sexual abuse, and removing the standard time limits for submission for a grievance regarding an allegation of sexual abuse. Any grievance that alleges sexual abuse is immediately identified as an emergency grievance. The Agency does not require any informal grievance process or other any actions to attempt to resolve with staff an alleged incident of sexual abuse.

An interview with twenty (20) random staff indicated that if a resident was to submit a grievance document alleging sexual abuse, the document would be processed immediately and staff would immediately make sure that the resident was safe from any harm. All the staff indicated that if a resident submitted a grievance alleging sexual abuse that it would become an emergency situation.

Provision 115.352(c)

Indiana Department of Correction 03-02-105 Youth Grievance Process states that a resident who alleges sexual abuse may submit a grievance without submitting it to the staff who is alleged to be the subject of the complaint. The facility ensures that the staff that may be the subject of the complaint does not facilitate any aspect of the grievance process.

An interview with random staff and the PREA Compliance Manager confirmed this proposition that a resident may submit a grievance to any staff and does not have to submit it to the staff that may be alleged in the complaint.

An interview with thirteen (13) random residents, verified that if a youth completes a grievance that they do not have to submit it to the staff that may be facilitating the harm. All the residents indicated that they would submit the grievance to a staff person that they felt comfortable with.

Provision 115.352(d)

Indiana Department of Correction 03-02-105 Youth Grievance Process states that the Agency shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. The policy indicates that the Agency may claim an

extension of time to respond, of up to seventy (70) days, if the normal time is not sufficient. The Agency is responsible for notifying the resident in writing of the extension. Furthermore, the policy states that at any level of the administrative process, if the resident does not receive a response within the time allotted for response, the resident may consider the absence of a response a denial at that level.

Based on an interview with a Random Staff that was an officer, this process was confirmed. More than half of twenty (20) random staff reiterated this process.

Provision 115.352(e)

Indiana Department of Correction 03-02-105 Youth Grievance Process states that a parent or legal guardian of a resident shall be allowed to file a grievance on behalf of a juvenile. Third parties, including other residents, staff, family, attorneys and outside advocates are permitted to assist a resident. A grievance that is filed by a third party on behalf of a resident shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. The policy states that if the resident declines to have the request processed, the Agency shall document the decision of the youth.

Observation of the grievance documentation, indicated that there were not any third party grievances filed.

An interview with thirteen (13) random residents verified that the resident felt comfortable filing a grievance or getting someone to help or assist. The residents indicated that staff would work to address any concerns.

Provision 115.352(f)

Indiana Department of Correction 03-02-105 Youth Grievance Process policy permits a resident the opportunity to submit a grievance alleging sexual abuse; nevertheless, the policy indicates that when that grievance is submitted it becomes an emergency grievance that is processed immediately. Furthermore, policy states that the grievance specialist shall immediately bring the grievance to the attention of the Executive Assistant to the Warden for review and response within two (2) days. The grievance staff shall issue a decision within five (5) calendar days. The policy further stipulates that filing a grievance alleging that a resident is subject to imminent risk of sexual abuse may modify the standard time limits for the sexual abuse allegation, but standard time limits may apply to any portion of the grievance regarding an allegation of abuse. Policy mandates that the initial response and the final decision of the facility shall be dependent on whether the resident is in substantial danger. Any grievance that alleges sexual abuse is immediately identified as an emergency grievance.

The PREA Compliance Manager discussed and verified this process as well as the Warden during interviews.

Provision 115.352(g)

Indiana Department of Correction 03-02-105 Youth Grievance Process policy states that the Agency may discipline a resident for filing an emergency grievance in bad faith.

The PAQ indicates that the facility has not disciplined any resident within 12 months for making a bad faith filing. The PREA Compliance Manager verified this information.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. The PREA Audit Questionnaire
- c. Indiana Coalition Against Domestic Violence (ICADV) Contract
- d. Indiana Coalition Against Domestic Violence Poster

2) Interviews Conducted:

- a. Warden
- b. The PREA Compliance Manager
- c. Random Residents
- d. Random Staff
- e. Indiana Coalition Against Domestic Violence Staff
- f. St. Vincent Anderson Regional Hospital SANE Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to establish resident access to outside support services.

Provision 115.353(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that resident victims shall be provided with access to outside victim advocates for support services. Pendleton provides residents with access to outside victim advocates for emotional support services related to sexual assault. The PAQ indicates that the facility provides residents access with outside services for emotional support related to sexual abuse through a contract with the Indiana Coalition against Domestic Violence (ICADV) and the SANE program at St. Vincent Anderson Regional Hospital. The contract states that ICADV will provide emotional support for a victim throughout the forensic examination and offer crisis emotional support thereafter. The policy indicates that the PREA Compliance Manager shall make arrangements for the presence of a victim advocate to a victim during the hospital exam and thereafter for emotional support. The policy further indicates that victims of sexual abuse/assault shall be provided an opportunity to be evaluated and treated at the St. Vincent

Anderson Regional Hospital SANE unit where additional emotional support and comfort is provided. Pendleton provides residents with the ICADV hotline telephone number on the posters located on the bulletin boards near the telephones in each residential housing complex unit. The hotline number was listed as #66 and the mailing address is on the poster as well. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XVIII states that residents have access to victim emotional support services and enables reasonable communication between residents and the organizations in as confidential a manner as possible. Pendleton does not detain any residents related to civil litigation.

The twenty (20) random staff interviewed indicated that the facility provided residents with outside victim advocates for emotional support and more than half of the staff interviewed indicated that residents could access those services through the utilization of the hotline. Staff indicated that residents could talk on the hotline freely during the hours that residents were in the common area and indicated that the calls might be recorded. All of the random staff interviewed were aware of the mandatory reporting laws of Indiana.

The thirteen (13) random residents indicated they could call the hotline if they were being sexually harassed or sexually abused. The residents at Pendleton were made aware of the hotline because a poster is on the wall near the hotline phone and through PREA resident education at intake. Although, all of the residents were familiar with the hotline telephone number and the hotline phone, less than half of them knew about the services that were provided by the outside emotional support organizations. Two residents interviewed indicated that there were long wait times when the hotline is called, but eventually someone answered. All of the residents indicated that they knew that the calls might be either monitored, but that they felt comfortable call the hotline anyway. This auditor called the hotline phone number #66 and verified that there was a person that answered the call from ICADV.

In an interview with the St. Vincent Anderson Regional Hospital, it was determined that residents from Pendleton will utilize St. Vincent Anderson Regional Hospital SANE Unit if a sexual assault occurred. Forensic and emotional support services are also provided to the residents while in the unit. Furthermore, the staff from ICADV stated that they provide emotional support services to residents. The ICADV Staff indicated that she has worked on the hotline for several years and is very familiar with Pendleton. If a call is made from Pendleton, the ICADV Staff stated that she would contact the PREA Compliance Manager at Pendleton and provide the PCM with information received by the hotline.

The auditor reviewed documentation to verify that access to emotional support services for residents has been integrated into the institutional practice. The provisions of the contract state that ICADV will provide emotional support services to the victim throughout the forensic examination process, investigatory interviews and provide support crisis intervention, information and referrals. Based on observation of the bulletin boards in each pod area, there are posters that have the hotline number for the victim advocacy services.

Provision 115.353(b)

Pendleton does inform residents, prior to giving them access to outside emotional support services, the extent to which such communications will be monitored. Mental Health staff does inform residents, prior to giving them access to outside support services, of the state's mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to emotional support service organizations.

In an interview with Intake Staff and Medical and Mental Health Staff, it was confirmed that staff does inform residents of the mandatory reporting rules. The auditor reviewed documentation and observed processes to verify that Pendleton does inform residents of the communications confidentiality limits and monitoring system with the outside victim's advocacy organization. Pendleton has phones in each pod. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy and the contract with ICADV indicates that the advocacy work done by the organization with residents is confidential and that the agency follows the confidentiality regulations under the Violence Against Women Act.

Provision 115.353(c)

IDOC maintains a contract for services with ICADV and the contract details the emotional support services that ICADV provides to residents related to sexual abuse. Pendleton also has an agreement with St. Vincent Anderson Regional Hospital's SANE unit. All of these organizations can provide emotional support services to resident victims. IDOC maintains copies of the referenced the contract with ICADV.

Based on an interview with the PREA Compliance Manager, the auditor received verbal affirmation and actual documentation regarding contract with the ICADV and the agreement with St. Vincent Regional Hospital's SANE unit.

The auditor reviewed the contract with the ICADV and verified with ICADV staff has an agreement with a community service provider to provide residents with emotional support for services and to respond to notifications of sexual assault or sexual harassment that come to the agency on the hotline phone. Furthermore, in an interview with the SANE nurse at St. Vincent it was verified that the Sexual Assault Unit also provides victim support services for residents, if needed. There is no documentation to verify this relationship, but both parties verbally communicated the agreement.

Provision 115.353(d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy provides residents with reasonable and confidential access to their attorneys or other legal representation. Pendleton indicated in the response on the Pre-Audit Questionnaire that residents have the legal right to visit with their attorney or other legal representation. Pendleton provides residents with reasonable access to parents or legal guardians.

In an interview with the Warden, it was affirmed that residents have reasonable and confidential access to their attorneys or other legal representation as well as their parents or legal guardians unless a court order prohibits such. In an interview with thirteen (13) residents, only two knew their attorney and indicated that their attorney can visit and have access to them any time. All the residents confirmed that their parent or legal guardian can visit.

The auditor was able to verify that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation and have reasonable access to their parent or legal guardian through interviews with staff, the PREA Compliance Manager and the Warden.

Based on observation, a resident meets with their attorney or legal representative in a soundproof enclosed room and staff does not listen to their conversations. Furthermore, when resident visits

their parents or guardians, they have intimate time at the tables in the visitation room and are able to have conversations face-to-face. Families are able to communicate with some level of privacy.

Residents are also able to communicate with attorneys and parents/guardians via the mail. Documentation that is sent to an attorney is not inspected; communications to parents and legal guardians, may be subject to inspection.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

5) Recommendation Action to Enhance Compliance:

- c. In accordance with IDOC 02-01-115 Sexual Abuse Prevention Policy, Pendleton has access to victim support services; nevertheless, about thirty (30) percent of residents interviewed at Pendleton were not aware of the type of support services that are provided by ICADV. Residents should be re-educated regarding victim support services and how to access support services.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction 03-02-105 Youth Grievance Process
- c. Indiana Department of Correction Prison Rape Elimination Act Webpage
- d. Grievance Log Documentation
- e. Hotline Calls Documentation
- f. Visitor's PREA Brochure

2) Interviews Conducted:

- a. Executive Director of PREA Compliance
- b. The PREA Compliance Manager

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction ("IDOC") ensures that Pendleton Juvenile Correctional Facility ("Pendleton") has incorporated policies to establish third party reporting.

Provision 115.354(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV states that third party reports by family, friends, and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning the IDOC Sexual Assault hotline at (877)385-5877. The policy further adds that the contact information shall be posted in the visiting rooms and on the Department's website.

The posting of this information was observed by the auditor at Pendleton in the visitation room and on the IDOC website. The information is also provided in the Visitor's PREA Brochure regarding how to report.

In the interview with the Executive Director of PREA Compliance it was confirmed that third party reporting could be made through the IDOCPREA email or through the hotline. A review of the documentation provided by the PREA Compliance Manager and the PAQ yielded that Pendleton has not received any third party reports.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Hotline Calls Documentation
- c. Indiana Mandatory Reporting Law-IC 31-33-5-1
- d. Incident Report

2) **Interviews Conducted:**

- a. The PREA Compliance Manager
- b. Random Staff
- c. Medical Staff
- d. Mental Health Staff
- e. Volunteer (3)
- f. Investigation Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to establish reporting protocol.

Provision 115.361(a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XV requires that any staff, volunteer, or contractor with reason to believe that sexual assault or sexual harassment has occurred, whether or not it occurred in Pendleton has a duty to immediately report this information to the Shift Supervisor on Duty, the PREA Compliance Manager, the Warden or the Executive Director of PREA Compliance. In accordance with policy, a report includes but is not limited to any act of perceived retaliation against a resident or staff for reporting an allegation of sexual abuse or sexual harassment as well as any staff neglect or violation of duty to report that may have contributed to an incident.

Based on interview with twenty (20) random staff, the Medical and Mental Health Staff, and two (2) volunteers, all individuals understood their duty to immediately report any incident of sexual abuse, sexual harassment or retaliation related to reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may contributed to an incident.

Provision 115.361(b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XV requires staff to comply with the mandatory reporting laws applicable to the mandatory child abuse reporting laws. In accordance with policy, if the alleged sexual abuse involves a resident under eighteen (18), the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02-103 “The Reporting, Investigation and Disposition of Child Abuse and Neglect.”

Based on interviews with twenty (20) Random Staff, more than fifty percent were aware of the mandatory reporting laws regarding child abuse or neglect.

Provision 115.361(c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XV requires that staff not reveal any information related to sexual abuse or sexual harassment report to anyone other than the PREA Compliance Manager or Investigative staff that is involved with investigation the alleged incident.

Based on an interview with twenty (20) random staff, it was determined that all staff would keep the report of a sexual abuse or sexual harassment allegation confidential and would only talk to relevant staff that was involved with the investigation.

Provision 115.361(d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section states that Medical and Mental Health Staff are required to report sexual abuse to designated supervisors and officials. Based on interviews with Medical and Mental Health staff, if medical health staff detect signs of potential sexual abuse during a medical exam, staff are required to discuss the concerns with the resident and report the suspicions. Medical and Mental Health Staff are required to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless, the resident is under the age of 19. Residents can refuse to report incidents that occurred prior to their incarceration.

Provision 115.361(e)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XV states that upon receipt of a report of sexual abuse, staff shall ensure that the Warden is notified immediately. Staff are required to take immediate action to protect the resident whose safety is at risk. Once staff are notified of the incident, an investigation should be initiated and services should be immediately provided to the alleged victim. Based on an interviews with the Warden, the PREA Compliance Manager, and random staff, it was verified that the required staff and entities are notified immediately when an allegation of sexual abuse or sexual harassment is made in order to protect and support the resident victim and provide the services that are needed. In addition, it was determined that any allegations of sexual abuse or neglected are also reported promptly to the respective legal guardians or the respective court designated legal representative.

Provision 115.361(f)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that all allegations of sexual abuse or sexual harassment are investigated. When any allegation is received by the facility, including third party reports, the allegations are forwarded to investigations for follow-up.

An interview with the Investigation Staff and the PREA Compliance Manager verified that any allegation of sexual abuse or sexual harassment is forwarded to the Investigations Unit for appropriate disposition.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy

2) **Interviews Conducted:**

- a. The PREA Compliance Manager
- b. Random Staff

3) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies to establish the duty to protect residents by the Agency.

Provision 115.321(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV states that when staff learns that a resident is subject to immediate sexual abuse that staff shall take immediate action to protect the resident victim.

Interviews with twenty (20) Random Staff, the PREA Compliance Manager, and the Warden confirmed that staff shall take immediate action when a substantial risk exists. All staff indicated that they would take immediate action to protect the safety of the resident and contact Medical Staff if needed.

Interview with thirteen random residents indicated that the residents felt safe and believe that the staff would protect them if they felt like there was a harmful situation.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Incident Report

2) Interviews Conducted:

- a. The Agency Head
- b. Warden

- c. The PREA Compliance Manager
- d. Investigation Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies regarding reporting to other confinement facilities.

Provision 115.361(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV states that when the Warden or designee receives an allegation that a resident was sexually abuse at another facility, the Warsen or designee receiving the allegation shall notify the head of the facility where the allegation of abuse occurred.

Interviews conducted with the Agency Head and the Warden confirmed the referenced processes. The Agency Head and the Warden both indicated that the allegation would be investigated and services would be provided for the resident. The Warden indicated that the facility investigator would be notified to track the investigative process.

Provision 115.361(b)& (c)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV states that when the Warden or designee receives an allegation that a resident was sexually abuse at another facility, the Warden or designee will notify the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document that the information has been conveyed to the facility where the incident happened.

The PREA Compliance Manager confirmed this timeframe during the interview and indicated that everything would be documented so that the facility would have a record regarding the situation.

Provision 115.361(d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV states that the Warden that receives such notification shall ensure that the allegation is investigated.

The Investigation Staff indicated that the facility where the incident occurred would be responsible for facilitating the investigation.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Incident Report

2) Interviews Conducted:

- a. The PREA Compliance Manager
- b. Investigation Staff
- c. First Responder Staff
- d. Random Staff
- e. Security Staff First Responder
- f. Non-security Staff First Responder

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies regarding staff first responder duties and responsibilities.

Provision 115.364(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XV states that First Responders are to ensure that the resident victim is removed from the area and receives prompt medical intervention. First Responder staff must work closely in coordination with the investigator. In accordance with the agency policy, the first responder in assessing a scene of an allegation of sexual abuse are required to: 1) Separate the alleged victim and abuser; 2) Preserve and protect any crime scene until steps can be taken to collect the evidence; 3) Facilitate the collection of evidence from the victim and request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating; 4) Facilitate the collection of evidence from the alleged perpetrator and request that the alleged perpetrator not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating

All twenty (20) random staff were aware of the first responders’ duties and all the random staff that were interviewed confirmed the first responder processes required to protect a victim and secure the physical scene. The staff reiterated the procedures emphasized that the most important aspect was making sure that the resident victim was safe and received appropriate services.

The Specialized Security Staff First Responder and the Non-Security Staff First Responder were interviewed and were aware of the processes for responding to an allegation of sexual assault. Both staff discuss their duty to make sure that the resident victim was safe and provided medical assistance as well as the importance of preserving the evidence.

Provision 115.364(b)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section dictates that if the first responder is non-custody or security staff, the responder shall request the alleged resident victim and the alleged perpetrator not to take any actions that could possible destroy physical evidence and notify custody staff as soon as possible.

Interviews with twenty (20) Random Staff verified that this protocol. All the staff indicated that the preservation of evidence was important, but making sure that the resident victim was safe was the top priority.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Incident Report

2) Interviews Conducted:

- a. The PREA Compliance Manager
- b. Investigation Staff
- c. First Responder Staff
- d. Random Staff
- e. Security Staff First Responder
- f. Non-security Staff First Responder
- g. Medical Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies regarding a coordinated response plan for sexual abuse allegations.

Provision 115.364(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section X Sexual Assault Response Team (SART) states that the Warden at each facility shall establish a Sexual Assault Response Team (SART) and a written facility plan in a Facility Directive to coordinate actions that should be taken in response to an incident of sexual assault involving staff first responders, medical and mental health staff, investigators, and facility leadership and management.

Interviews with Random Staff, First Responders, Medical Staff, and the Investigation Staff confirmed the steps that they would initiate as a First Responder. Staff were able to clearly and concisely communicate the specific actions that they would take regarding an incident of sexual abuse.

The Warden indicated that the SART members receive specialized training in learning how to respond to a sexual assault incident.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

This standard is not applicable because there are no collective bargaining agreements.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Retaliation Monitoring Documentation

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manager

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies addressing the Agency’s protection against retaliation.

Provision 115.367(a), (b), (c), (d) & (e)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section IX states that all residents and staff that report sexual abuse or sexual harassment or cooperate with an investigation will be protected from retaliation. Policy also states that facility shall employ multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. The policy dictates that for at least ninety (90) days or three consecutive facility PREA committee meetings following an allegation of sexual abuse and/or harassment, the PREA Committee shall monitor and document the conduct and treatment of residents or staff who have reported sexual abuse and/or harassment to see if there are any changes that may suggest possible retaliation by residents and staff and shall act promptly to remedy any such retaliation.

An interview with the PREA Compliance Manager (PCM) indicated that this position also serves as Pendleton’s retaliation monitor. The PCM indicated that monitoring consists of: 1) Reviewing behavior logs; 2) Reviewing write-ups; 3) Talking with the resident victim about treatment and staff interaction; 4) Housing or program changes; and 4) Examining human resource records for negative performance reviews. The PCM also stated that all information is documented on the retaliation documentation form. The PCM reported that there had not been any reported retaliation incidents. The PCM and the Warden both state retaliation cases involve an in-person interview and monitoring of with the resident victim.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy
- b. Retaliation Monitoring Documentation

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manager
- c. High Level and Intermediate Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies addressing the Agency’s use of segregated housing to protect a resident who is alleged to have suffered sexual abuse.

Provision 115.368(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section IX states that when staff learns that a resident victim is subject to a substantial risk of imminent sexual abuse, staff are required to take immediate action to protect the resident victim. This may include placing a resident in protective custody.

Interviews with the PREA Compliance Manager (PCM) and High Level and Intermediate Staff indicated that the facility did not use involuntary segregated housing to protect a resident that was alleged to have suffered sexual abuse. Staff indicated that resident victims of sexual abuse would not be placed in involuntary protective custody unless there was no other alternative means to keep that resident safe from harm. In most cases, staff stated that a resident might be placed in another room, a single occupancy room, or in another housing unit. The Warden stated that the facility is working on

minimizing the use of segregated housing. The Warden meets daily with High Level Staff to discuss and review critical incidents at the facility.

Interviews with random residents confirmed that none of them had been placed in segregated housing as a result of protection for a sexual abuse allegation nor while a matter was being investigated.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction (IDOC) 00-01-103 The Operation of the Office of Investigations and Intelligence
- b. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy

2) **Interviews Conducted:**

- a. Specialized Staff-Investigation Staff
- b. Random Staff
- c. Random Residents
- d. PREA Compliance Manager
- e. Warden
- f. Investigation Staff

3) **Interviews, Documentation Review, and Site Observations:**

- a. Internal Affairs Investigations Training Records and Documentation
- b. PREA Audit Questionnaire (PAQ)
- c. Internal Affairs Investigation Reports
- d. Internal Affairs Call Log

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies and procedures to ensure that allegations of sexual misconduct are investigated.

Provision 115.371(a)

The agency has policy that addresses criminal and administrative investigations. IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy states specifically that the Office of Investigations and Intelligence shall be responsible for ensuring that investigations are undertaken and reports are made to the appropriate executive and administrative staff regarding all job related allegations of misconduct and serious violations of federal, state and local statutes, as well, as Department policies

and procedures. IDOC 02-01-115 Sexual Abuse Prevention policy indicates that all allegations of sexual abuse and sexual harassment shall be investigated, including third party and anonymous reports.

The auditor was able to determine that there was comprehensive policy regarding conducting investigations into sexual abuse and sexual harassment allegations in a prompt, comprehensive, thorough, and objective manner. The policy specifically states that all sexual abuse investigations begin with the immediate response of a sexual assault response team (SART). The policy dictates that this same standard of action and expectation is applied to all report allegations including third party and anonymous reports.

Policy stipulated that Pendleton staff shall be prepared to take immediate action in responding to sexual misconduct and sexual abuse incidents. The sexual abuse prevention policy states that if a report is made within ninety-six (96) hours timeframe, that it is the responsibility of staff shall ensure that an alleged victim and an alleged perpetrator shall not take any action that might destroy physical evidence. The policy further explains that staff shall be responsible for protecting and securing a crime scene from contamination. Internal Affairs staff in accordance with policy have the specific responsibility to gather and preserve evidence, interview alleged victims, alleged perpetrators and any witnessed, review prior complaints, allegations, or reports of sexual abuse involving alleged victims and perpetrators. Investigators are also active in SART team processes and procedures as well as any potential court or administrative processes.

Based on an interview with the Internal Affairs staff it was determined that the response to PREA related incidents are immediate or quickly addressed. Based on documentation review of the investigation reports, it was determined that investigations were started immediately after an allegation was received. The Internal Affairs staff described the evidence collection process and the integration of information that derives from multi-sources to corroborate evidence. The evidence discovery process is continuous until an investigation has been completed.

Based on interviews with the PCM, Warden, Internal Affairs staff, and high level management staff, there was no differentiation made between first party reports, third party reports or anonymous reports.

Upon reviewing the investigation report, it was evident that the Internal Affairs staff conducted thorough investigations and utilized multiple evidence collection methodologies. The investigation reports presented a comprehensive and objective investigation and the findings or determinations were ascertained independently on a case-by-case basis pursuant to individualized evidence gathering and investigative techniques.

Twenty out of twenty random staff affirmed during the onsite Interviews that Internal Affairs investigate all allegations of sexual misconduct and sexual harassment. The PCM and the Warden also verified this information during interviews. The Internal Affairs staff confirmed that all allegations of sexual misconduct and harassment are investigated and reports are generated as a result of the investigation. A log is maintained regarding all allegations received by Internal Affairs.

The PAQ that was uploaded by Pendleton indicated that there twenty allegations of sexual misconduct and harassment received and investigated by the agency for this audit timeframe.

Based on additional documentation review and observation of the Internal Affairs training material and the Internal Affairs call log, it was determined that all allegations regarding sexual misconduct and harassment are investigated when a report is received.

Provision 115.371(b)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy states that all agency investigators shall receive specialized training for conducting sexual assault and sexual harassment investigations in confinement settings. Based on the observation and review of the training documentation, it was determined that the Internal Affairs staff have had the required specialized investigative training.

During an interview with the Internal Affairs staff, it was confirmed that both investigators have had the required training for conducting sexual misconduct, sexual abuse and sexual harassment investigations.

Provision 115.371(c)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention policy requires that investigators gather and preserve direct and circumstantial evidence including any physical and DNA evidence. Investigators are required obtain any video technology or electronic monitoring data, interview alleged victims and perpetrators and any potential witnesses, and any prior reports or investigative reports.

The auditor reviewed twenty (20) investigative reports generated as a result of PREA sexual abuse and sexual harassment allegations. The reports indicated that the investigator followed the appropriate processes in accordance with the specialized investigations procedures. The reports demonstrate comprehensive investigative techniques regarding interviewing, evidence collection, evaluating all information and documentation available and relevant to an investigation.

Based on an interview with the Internal Affairs staff, the staff discussed the evidence collection and preservation processes. The investigator discussed how video surveillance is used to substantiate the presence or absence of individuals in locations where PREA allegations had reportedly occurred. The investigator also discussed the process of interviewing witnesses and alleged victims and perpetrators and reviewed historical information that may involve an alleged individual. The investigator confirmed that a thorough review of evidence and documentation is conducted regarding all investigations.

Provision 115.371(d)

IDOC 02-01-115 Sexual Abuse Prevention policy states that an investigation will not be terminated because the source of the allegation recants the allegation. The Warden, the PCM and the Internal Affairs staff supported compliance with this standard by indicating that an investigation would not end due to an allegation being recanted.

Provision 115.371(e)

In accordance with IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention Policy, the Internal Affairs staff indicated that during investigations that may warrant prosecution, that investigation staff consult with the prosecutors as to whether compelled interviews may pose an obstacle for subsequent prosecution. The agency's policy supports this position and a review of the investigation reports indicate that the investigators adhere to the protocol established by the policy.

Provision 115.371(f)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention policy requires the investigators to assess the credibility of an alleged victim, alleged perpetrator, and potential witnesses on an individual basis and not on the individual's status as a resident or staff.

During an interview with the Internal Affairs staff, it was confirmed that each victim, perpetrator and witness was evaluated on an individual basis and the merit of their credibility was determined on a case by case basis. The investigator indicated that credibility was established by the resident's history of veracity, the re-telling of a scenario with facts that are consistent, and any corroboration of the information. The investigator stated that the policy and process of Pendleton does not require an alleged perpetrator to submit to a polygraph.

Provision 115.371(g)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention Policy requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Additionally, policy requires that investigators document the investigation in written reports that include descriptions of the evidence.

Based on the review of the investigation reports, the auditor determined that the investigations conformed to all the necessary reporting and documentation protocol. The interview with the Internal Affairs investigator verified that the investigations conformed to this protocol.

Documentation review indicated that three investigations of sexual abuse were referred to prosecution. At the time of the audit, the outcome of the cases was unknown.

Provision 115.371(h)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention Policy requires that criminal investigation conducted by Internal Affairs shall be documented in a written report that includes evidence and attach supporting documentation and evidential information.

Based on observation and review of the criminal investigation reports generated by Internal Affairs, it was determined that Pendleton is in compliance with this standard. Based on an interview with the investigator and observation of a report, it was confirmed that the investigative reports were written, comprehensive and have supporting documentation and evidence attached.

Provision 115.371(i)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention Policy indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Based on an interview with the Internal Affairs, the investigator indicated in investigations where the finding is substantiated and where the conduct appears to be criminal, a referral is made to the local prosecutor.

Provision 115.371(j)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention Policy requires the agency and Pendleton to retain all written administrative investigative reports for as long as the alleged perpetrator is incarcerated or employed by the agency.

The Warden, the PCM and the Internal Affairs staff confirmed that administrative investigation reports retained pursuant to the policy. Based on observation, the investigations are retained as hard case files in accordance with the records retention schedule for Indiana.

Provision 115.371(k)

IDOC 00-01-103 The Operation of the Office of Investigations and Intelligence Policy and IDOC 02-01-115 Sexual Abuse Prevention Policy states that the agency does not terminate investigations solely on the basis that the alleged abuser or victim is no longer with the agency. The investigative staff said that an investigation would continue regardless of whether an alleged perpetrator or victim is no longer at the facility or employed by the agency.

Provision 115.371(l)

The auditor is not required to audit this provision.

Provision 115.371(m)

IDOC 02-01-115 Sexual Abuse Prevention Policy indicates that staff members shall cooperate with outside agencies that conduct investigations and remained informed about the progress of the investigations.

During an interview with the PCM and the Internal Affairs staff it was stated that investigators and the Warden are kept informed when outside agencies like child protective services conduct investigations. The information that is communicated is confidential in order to preserve the integrity and fidelity of the investigations. In an interview the Warden verified that only limited high level staff are made of aware of investigation information that are conducted by outside agencies.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction (IDOC) 00-01-103 The Operation of the Office of Investigations and Intelligence
- b. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy

2) **Interviews Conducted:**

- a. Specialized Staff-Investigation Staff

3) **Interviews, Documentation Review, and Site Observations:**

- a. Internal Affairs Investigations Training Records and Documentation

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated policies and procedures to ensure that the Agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Provision 115.372(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy states that “Substantiated” is defined as an allegation that was investigated and determined to have occurred based on a preponderance of evidence. In an interview with the Investigation Staff, the investigator indicated that a preponderance of evidence was fifty-one (51) percent of the information present. In examining this standard and evaluating the Report of Investigation documentation, it was determined that this standard was applied to reach the conclusion in investigations. In reviewing fifteen (15) Report of Investigations, it can be deduced that the investigator incorporated the preponderance of evidence in the substantiation of cases.

Based on the information incorporated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. Resident Notification Documentation

2) **Interviews Conducted:**

- a. The PREA Compliance Manger

3) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction ("IDOC") ensures that Pendleton Juvenile Correctional Facility ("Pendleton") has incorporated procedures to report investigation finding to resident victims.

Provision 115.373(a)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XVI states that following an investigation into a resident's allegation of sexual abuse or sexual harassment by another resident or staff in the facility, the PREA Compliance Manager shall inform the resident in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Based on the policy, an interview, as well as documentation review, it was established by the PREA Compliance Manager, that the facility provides written notification to the resident victim of the finding of an investigation.

Provision 115.373(b)

This standard is not applicable because the Agency conducts the administrative and criminal investigations.

Provision 115.373(c) & (d)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XVI states that following a resident's allegation that he or she has been sexually abused by another resident the facility shall subsequently inform the alleged victim whenever: 1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and 2) The facility learns that the alleged abuser has been convicted on a charge related to the sexual abuse within the facility. In addition, the facility shall advise the resident victim of a staff member that has perpetrated sexual abuse whenever: 1) The staff member is no longer posted within the unit of the resident victim; 2) The staff is no longer employed at the facility; 3) The facility learns that the staff member has been indicted on a charge related to the sexual abuse within the facility; or 4) The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Based on the policy, an interview, as well as documentation review, it was established by the PREA Compliance Manager, that the facility provides written notification to the resident victim of the finding of an investigation.

Provision 115.373(e)

Indiana Department of Correction 02-01-115 Sexual Abuse Prevention Policy Section XVI states that the agency has documentation regarding the notifications or attempted notifications. The PREA Compliance Officer indicated that she maintains the administrative documentation records regarding notification to resident victims.

Based on the information integrated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction (IDOC) 074-03-103 Information and Standards of Conduct for Departmental Staff
- c. The PREA Audit Questionnaire

2) Interviews Conducted:

- a. The Agency Head
- b. The Executive Director of PREA Compliance
- c. The Warden
- d. The PREA Compliance Manger

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures to discipline staff for sexual abuse and sexual harassment.

Provision 115.376(a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 074-03-103 Information and Standards of Conduct for Departmental Staff clearly delineate that staff may be subject to disciplinary sanctions up to and including termination from the Department for violation of sexual abuse and sexual harassment policies. The Agency Head, the Executive Director of PREA Compliance, and the Warden through interview understand and agree that the strict standard for sexual misconduct of staff is warranted.

Provision 115.376 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 074-03-103 Information and Standards of Conduct for Departmental Staff clearly state that any staff behavior that violates that Agency’s sexual abuse and sexual harassment policies warrant dismissal from employment as the presumptive disciplinary sanction.

The Agency Head, the Executive Director of PREA Compliance, and the Warden through interview stated that termination was the presumptive disciplinary sanction for staff who have engaged in sexual misconduct.

In reviewing the PAQ, there were (0) substantiated staff sexual abuse cases during the previous 12 months. An interview with the PREA Compliance Manager, confirmed this information.

Provision 115.376 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 074-03-103 Information and Standards of Conduct for Departmental Staff state that the disciplinary sanctions for violation of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff’s disciplinary, and the sanctions imposed for comparable offenses by other staff with similar histories.

The Agency Head, the Executive Director of PREA Compliance, and the Warden all affirmed that the determination of disciplinary sanctions would be made and the above-referenced factors would be considered.

Provision 115.376 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 074-03-103 Information and Standards of Conduct for Departmental Staff support the proposition that any termination for violation of sexual abuse and sexual harassment of a staff shall be reported to both law enforcement and to relevant licensing boards.

The PAQ indicates that there were (0) investigations that met this provision. The Agency Head, the Executive Director of PREA Compliance, and the Warden were asked about the importance of following through with prosecution and professional licensing entities. By following through, they all recognized that prosecution and the revocation of a professional licensing could serve a deterrent.

Based on the information integrated in the agency policies through observations, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction (IDOC) 074-03-103 Information and Standards of Conduct for Departmental Staff
- c. The PREA Audit Questionnaire

2) **Interviews Conducted:**

- a. The Warden
- b. The PREA Compliance Manger
- c. Volunteer
- d. Contractor

3) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures in reference to corrective actions for contractors and volunteers regarding sexual abuse and sexual harassment.

Provision 115.377(a) & (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that volunteers and contractual staff shall be advised that any form of sexual abuse and sex harassment with a resident, whether consensual or not, is strictly prohibited and that any volunteer or contractual staff found to have engaged in such conduct shall be removed from the facility and not allowed to return and may be subject to criminal prosecution. The policy further states that any substantiated cases of sexual abuse shall be forward to the appropriate licensing body, if applicable.

Based on an interview with the Warden and the PREA Compliance Manager, it was determined that if a contractor or volunteer violated any sexual abuse or sexual harassment policies that they would not be allowed to maintain any relationship with Pendleton. Both indicated that in a case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, that the appropriate consideration would be exercised in discerning whether or not to prohibit further contact with residents.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it

always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. Indiana Department of Correction (IDOC) 03-02-101 Code of Conduct for Youths
- c. Youth Handbook
- d. The PREA Audit Questionnaire
- e. Resident Files
- f. Report of Investigation Documentation

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manger
- c. High Level Staff
- d. Mental Health Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures in reference to disciplinary sanctions for residents.

Provision 115.378 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 03-02-101 Code of Conduct for Youths Policy state that as a part of the Offender Education Program, a resident shall be advised that any resident that engages in any type of sexual abuse and/or sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Additionally, the policy adds that the resident shall be advised that all such cases shall be referred to the Indiana State Police for criminal prosecution and to Child Protective Services as appropriate.

The PREA Compliance Manager and the High Level staff both verified that residents who violate a sexual abuse or sexual harassment policy are subject to disciplinary actions depending on the specific nature of the violation.

Observation of the policy and Youth Handbook describe the minor rule violations and the sanctions as well as the major rule violations and the ramifications of those infractions.

The PAQ as well as an interview with the PREA Compliance Manager indicated that in the past twelve months the number of administrative finding of resident on resident sexual abuse was two (2), but there were zero criminal findings within the same time period.

Provision 115.378 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 03-02-101 Code of Conduct for Youths Policy states that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents.

The Warden indicated in the interview that the facility works extremely hard to not place residents in isolation. The residents are sent to a housing unit where the “Making a Change” program is instituted. While in this unit the resident does have daily large muscle exercise, receives educational and other programming, and receives daily visits from a medical and mental health clinician. A review of the Report of Investigation, resident files and interviews with High Level Staff and the Warden confirmed that the referenced policy regarding disciplinary sanctions was followed.

Provision 115.378 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 03-02-101 Code of Conduct for Youths Policy states that the mental well-being, mental stability and disabilities are considered when assessing behaviors of the residents and what sanctions should be imposed.

Interview with the Warden and High Level Staff confirmed that all aspects of the residents are evaluated and examined when assessing behaviors. The results of the findings would be considered in determining an appropriate disciplinary sanction.

A review of the Report of Investigation confirmed that this policy was utilized in rendering results and sanctions related to the PREA investigations.

Provision 115.378 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 03-02-101 Code of Conduct for Youths Policy states that the agency offers therapy, counseling and other interventions designed to address and resolve underlying reasons or motivations for abuse with these programs. An interview with Mental Health Staff indicated that when a resident would be referred to special programming, an evaluation of the resident would be conducted to ascertain what treatment should be rendered. During the interview the Mental Health Staff indicated that a resident abuser will receive a referral and are seen by mental health staff. The Mental Health Staff indicated that most assessments are conducted within fourteen (14) days. The facility encourages participation of residents in the programming but does not use it to for gaining access to general programming. All residents are entitled to programming per an interview with the Warden.

Provision 115.378 (e)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy stated that an agency may discipline a resident for sexual contact with a staff if the staff did not give consent to such contact.

Based on review of documentation and the PAQ, there were zero incidents of residents for non-consensual sexual contact with staff.

Provision 115.378 (f)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy stated that the Agency prohibits disciplinary action against a resident when a report or allegation is made in good faith and based upon a reasonable belief that an alleged incident happened, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In reviewing the PAQ, no residents were disciplined for filing a report of sexual abuse.

Provision 115.378 (g)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy and the Indiana Department of Correction (IDOC) 03-02-101 Code of Conduct for Youths Policy prohibits sexual interactions between residents. Any resident engaging in sexual misconduct is subject to discipline. Nevertheless, the agency has the discretion to investigate the matter and identify the behavior as inappropriate. Based on interviews the Warden and the PREA Compliance Manager confirmed this policy.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) **Corrective Action:**

No corrective action was required for this standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. The PREA Audit Questionnaire
- c. Resident Files

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manger
- c. Medical Staff
- d. Mental Health Staff
- e. Intake Staff
- f. Random Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that provide residents medical and mental health screening and access to medical and mental health services.

Provision 115.381 (a)&(b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that within twenty-four (24) hours of a resident’s admission to a facility intake unit, staff shall assess a resident through interviews and review the resident’s record to attempt to determine the resident’s status regarding being aggressive or vulnerable. The policy goes on to say that if the assessment indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that a resident whether a victim or an abuser is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.

An interview with the Mental Health Staff and Intake Staff verified that a follow-up meeting is offered to a resident if the screening indicated prior abuse or perpetration. Both staff understood the importance of follow-up to discuss treatment and service needs. The PAQ indicated that all the residents who disclosed prior victimization were offered a follow-up meeting with medical and mental health staff.

Provision 115.381 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the facility shall implement appropriate controls on the dissemination of information regarding a resident’s history of abusiveness or victimization and ensure that sensitive information related to the resident is not exploited to the resident’s detriment by staff or other residents.

An interview with the PREA Compliance Manager, twenty (20) Random Staff, and Intake Staff, all verified that the resident files and information contained therein is confidential except to staff that need information for treatment and programmatic purposes.

Provision 115.381 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that medical and mental practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Interviews with the Medical and Mental Health staff confirmed the awareness of informed consent procedures and policy regarding youth. Staff also was aware of their mandatory duty to report.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) Corrective Action:

No corrective action was required for this standard.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. The PREA Audit Questionnaire

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manger
- c. Medical Staff
- d. Mental Health Staff
- e. Security First Responder Staff
- f. Non-security First Responder Staff
- g. SANE Staff

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that provide residents access to emergency medical and mental health services.

Provision 115.381 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that victims of sexual abuse shall receive timely, unimpeded access to quality medical health services free of charge and unimpeded access to emergency medical treatment and crisis intervention services.

In an interview with Medical staff, it was confirmed that if residents need medical services that the facility shall provide victims medical services consistent with the community level of care. The Medical Staff further added that if emergency medical services were needed for a sexual assault, residents were taken to St. Vincent Anderson Regional Hospital in order for a SANE Nurse to provide a forensic examination.

In an interview with Mental Health Staff, it was confirmed that if residents need counseling services that mental health practitioners could provide this level of care at the facility. The Mental Health Staff further added that if a resident was sexually assaulted that the Agency has a contract with the Indiana Coalition Against Domestic Violence to provide hospital advocacy, victim advocacy and counseling.

A review of the contract documentation with the Indiana Coalition Against Domestic Violence verified the services that are provided by the organization to Pendleton residents.

An interview with SANE Staff from St. Vincent verified the services that the hospital SANE unit provides to resident victims.

Provision 115.381 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that if no qualified medical or mental health staff persons are on duty at the time a report of sexual abuse is made, then first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor. The policy then notes that First Responders should contact the on-call medical or mental health staff.

Medical and Mental Health Staff indicated in an interview that their role is to try to make sure the resident victim feels safe and supported when a sexual assault has occurred. Medical Staff indicated that assessing the extent of the harm is vital while transitioning the resident victim to the hospital.

First Responder Staff indicated that their first responsibility was making sure the resident victim was safe and free from harm and protecting the physical evidence. Next, the staff indicated that providing medical aid was vital to assuring the resident victim that facility staff was addressing the victim needs.

The PREA Compliance Manager indicated that her role was to make sure that the victim services were in place for the resident during the forensic exam and coordinate supportive counseling services once the resident returned to the facility.

All staff were vested in the process of addressing the needs of the resident victim.

Provision 115.381 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that resident victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis. The policy indicates that all treatment services for residents are provided to the victim without financial cost and regardless of whether the victim names the abuser.

The SANE staff and the Medical staff both indicated that resident victims of sexual assault receive access to information and to emergency contraception and sexually transmitted infections prophylaxis free of charge. Once the resident returns to the facility the Medical Staff at the facility continues to care for the resident medically until discharged. The SANE staff and the Medical staff were able to articulate their duties and responsibilities to provide support to resident victims of sexual abuse or a sexual assault.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

1) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. Contract with Indiana Coalition Against Domestic Violence (ICADV)
- c. The PREA Audit Questionnaire

2) Interviews Conducted:

- a. The PREA Compliance Manger
- b. Medical Staff
- c. Mental Health Staff
- d. Random Staff
- e. Random Residents

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that provide residents ongoing access to medical and mental health services.

Provision 115.383 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that victims of sexual assault shall have received timely, unimpeded access to quality medical and mental health services. The evaluation and treatment of resident victims shall include follow-up services, treatment plans, and when clinically indicated referrals for continued care. The policy indicates that the facility shall provide victims with medical and mental health services consistent with the community level of care. Additionally, policy states that victims of sexual abuse shall be provided access to outside victim advocates and/or Mental Health Professionals for support services related to sexual abuse.

An interview with Medical and Mental Health Staff confirmed the commitment that residents receive both medical and mental health services after an incident of sexual abuse or a sexual assault.

In an interview with ICADV staff, it was confirmed that additional mental health services and support were available for the resident victim.

Provision 115.383 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that victims of sexual assault shall receive services and that the evaluation and treatment of resident victims shall include follow-up services, treatment plans, and when clinically indicated referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.

Medical and Mental Health Staff both confirmed that individual treatment plans would be developed for resident victims so that the transition and integration back into the environment would be treatment based. Medical and Mental Health Staff indicated that if additional outside treatment was needed then referrals would be made to assist the resident.

The PREA Compliance Manager indicated that if additional support services with Indiana Coalition Against Domestic Violence (ICADV) were needed then the PCM would facilitate that process for the resident victim.

Provision 115.383 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that victims of sexual assault shall have received timely, unimpeded access to quality medical and mental health services. The policy indicates that the facility shall provide victims with medical and mental health services consistent with the community level of care.

Medical and Mental Health Staff verified that the level of care was consistent and comparable to the community level of care.

Provision 115.383 (d)

This standard is not applicable because Pendleton is an all-male facility.

Provision 115.383 (e)

This standard is not applicable because Pendleton is an all-male facility.

Provision 115.383 (f)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that resident victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis.

The SANE staff and the Medical staff both indicated that resident victims of sexual assault receive access to information and to emergency contraception and sexually transmitted infections prophylaxis free of charge.

Provision 115.383 (g)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that resident victims of sexual abuse are offered medical and mental health services and all treatment services for residents are provided to the victim without financial cost and regardless of whether the victim names the abuser.

The Medical Staff confirmed that the medical and mental health treatment was free to all residents. The PREA Compliance Manager verified that the cost of medical and mental health services was free for residents.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

1) Corrective Action:

No corrective action was required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy
- b. The PREA Audit Questionnaire
- c. PREA Committee Documentation

2) **Interviews Conducted:**

- a. The Warden
- b. The PREA Compliance Manger

3) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that require sexual abuse incident reviews.

Provision 115.386 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the PREA Committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy dictates that the review will take place within thirty (30) days of the conclusion of the investigation.

Interview with the PREA Compliance Manager indicated that the there is a PREA Committee that meets monthly to evaluate an PREA investigation.

The Warden indicated in an interview that she conducts several meetings weekly with High Level Staff to discuss special incidents that include PREA matters.

The PAQ indicates that there have been fifteen (15) allegations of sexual abuse within the past 12 months.

Provision 115.386 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the review by the PREA Committee will take place within thirty (30) days of the conclusion of the investigation. Based on an interview with the PREA Compliance Manager and a review of documentation, it was confirmed that the reviews of the investigations occur within thirty (30) day timeframe.

Provision 115.386 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the Superintendent of the facility shall establish the PREA Committee and that the committee shall be comprised of upper-level management officials, with input from supervisors, investigators, and medical or mental health practitioners. In accordance with the policy, the PREA Compliance Manager serves as the Chairperson.

Based on an interview the PREA Compliance Manager, it was determined that the PREA Committee conforms to the requirements mandated. The PREA Compliance Manager works with the investigator to compile the information for the review.

Provision 115.386 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the PREA Committee shall conduct a sexual abuse incident review. The review shall: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics; 3) Examine the area in the facility where the incident allegedly occurred to assess whether barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 6) Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA; and 7) The facility shall implement the recommendations for improvement or document its reasons for not doing so. The policy indicates that the committee shall document the findings including any determinations and any recommendations.

An interview with the PREA Compliance Manager confirms that this is the process and the considerations that the PREA Committee uses to evaluate the investigations. A documentation review of the Committee report supports this protocol.

Provision 115.386 (e)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the facility is responsible for the implementation of all improvement recommendations or provide documentation for not implementing the recommendations. An interview with the PREA Compliance Manager confirms that the recommendations that are put forth by the Committee have been supported by the Warden. A review of the documentation produced by the Committee supports what the PREA Compliance Manager stated.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

1) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) **Documents Reviewed:**

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting
- b. The PREA Audit Questionnaire

2) **Interviews Conducted:**

- a. The PREA Compliance Manager
- b. The Executive Director of PREA Compliance

3) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that require data collection.

Provision 115.387 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting states that the PREA Compliance Manager will facilitate the process for collecting data for the facility by uploading incident report information into a uniform system using a standardized formatted instrument and sets of definitions. Per policy, all investigations, regardless of outcomes shall be reported through the “Sexual Incident Report”.

Interview and documentation review with the PREA Compliance Manager verified that this process is being completed and uploaded.

Provision 115.387 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting dictates that the Executive Director of PREA shall develop a Department-wide report based upon the Sexual Incident Reports provided by the facilities. Per policy, all investigations, regardless of outcomes are reported through the “Sexual Incident Report” system.

In an interview with the Executive Director of PREA, it was confirmed that the information from each facility is upload into the system. The Sexual Incident Report document is the same for every facility and as a result the system is able to aggregate the incident based sexual abuse data in report form. The report is shared with the Department’s Executive Staff annually and made readily available on the website.

Provision 115.387 (c)

The incident based data includes the necessary statistical and general information necessary to answer all the questions on the Survey of Sexual Violence conducted by the Department of Justice. A review of the information and documentation by the auditor confirmed that there was ample information to address the question posed by the survey.

Provision 115.387 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting states that the PREA Compliance Manager shall maintain a record of all reports of sexual abuse at the facility and each individual "Sexual Abuse Incident Report" shall be discussed at each PREA Committee's monthly meeting. The Executive Director of PREA Compliance facilitates the process for generating a comprehensive statewide report that incorporates all facility sexual abuse incident data. This information and documentation is presented to the IDOC Executive Staff annual. This report is also posted on the website.

Provision 115.387 (e)

This standard is not applicable to this facility.

Provision 115.387 (f)

The Executive Director of PREA Compliance is responsible for generating an IDOC report based upon all the Sexual Incident Reports submitted by each facility in the Agency. The comprehensive report is developed annually with the required data mandated by the Survey of Sexual Violence generated by the Department of Justice. This documentation is published no later than June 30 annually.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

1) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XX Program Evaluation
- b. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting
- c.

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manger
- c. The Executive Director of PREA Compliance
- d. The Agency Head

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that require data review for corrective action.

Provision 115.388 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XX Program Evaluation states that the Warden, the Executive Director of PREA and the PREA Compliance Manager shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance. The evaluation shall include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the facility’s progress in addressing sexual abuse. These evaluations are conducted Agency wide. The Agency annually reviews all the data collected and aggregated to assess the Agency’s efforts regarding prevention, detection, practices and training.

Based on an interview with the Warden, the Executive Director of PREA, and the PREA Compliance Manager, it was determined that an evaluation is completed by this team and they work together in order to ascertain any issues or changes that need to be implemented based on data analysis.

In an interview the Agency Head and the Executive Director of PREA acknowledged the importance of the utilization of aggregate data.

Provision 115.388 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting states that the Agency produces a statistical report annually. A review of the Agency’s annual report indicated an analysis that includes a comparison of the current year’s data and corrective actions with those from previous years. The report also provided an assessment of the agency’s progress.

Provision 115.388 (c)

The Executive Director of PREA is responsible for development the Agency’s annual report and presenting the information and documentation to the Executive Staff. Thereafter, a final approval is granted by the Agency Head. Once the Annual Report is approved, it is posted on the agency website. This auditor reviewed the Annual reports on the website and confirm that the documentation was in adherence to the requirements.

Provision 115.388 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting states material that presents a clear and specific threat to the safety and security of the facility and any personal identifiers are redacted.

The Executive Director of PREA reiterated that only information that poses a threat to safety and security as well as personal identifiers is redacted from the Annual Reports.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) **Corrective Action:**

No corrective action was required for this standard.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1) Documents Reviewed:

- a. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XX Program Evaluation
- b. Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy Section XIX Statistical Reporting
- c.
- d.

2) Interviews Conducted:

- a. The Warden
- b. The PREA Compliance Manager
- c. The Executive Director of PREA Compliance
- d. The Agency Head

3) Interviews, Documentation Review, and Site Observations:

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures that require data storage, publication, and destruction of information.

Provision 115.389 (a)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy indicates that the incident based and the aggregate data are maintained in confidential and secure systems. The PREA Compliance Manager indicated that general confidential documentation is secured in locked files and the Sexual Abuse Reports are uploaded in the Agency’s secured data management systems.

Provision 115.389 (b)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy dictates that the Agency should provide statistical information regarding PREA public. The Agency’s makes its sexual abuse aggregate data from agency facilities and contracted facility available to the public on the Indiana Department of Correction website. The Agency maximizes transparency and the ability to share information through the website and publications.

Provision 115.389 (c)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy mandates that any personal identifiers be redacted before sharing aggregate data on a public website.

Provision 115.389 (d)

Indiana Department of Correction (IDOC) 02-01-115 Sexual Abuse Prevention Policy states that the Executive Director of PREA shall maintain sexual abuse data for ten (10) years after collection. The Executive Director of PREA confirmed this information during an interview.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

4) **Corrective Action:**

No corrective action was required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The following evidence was analyzed in making the compliance determination:

- 1) **Documents Reviewed:**
 - a. Indiana Department of Correction Website
- 2) **Interviews Conducted:**
 - a. The Warden
 - b. The PREA Compliance Manger
 - c. The Executive Director of PREA Compliance
 - d. The Agency Head
- 3) **Interviews, Documentation Review, and Site Observations:**

The Indiana Department of Correction (“IDOC”) ensures that Pendleton Juvenile Correctional Facility (“Pendleton”) has incorporated procedures to ensure that Pendleton, within the prior three-year audit period, was audited at least once.

Provision 115.401 (a)

The Indiana Department of Correction website indicated that the last PREA Audit for Pendleton Juvenile Correction Facility was conducted on May 16-May18, 2016, and the date of the final report was June 6, 2016.

Provision 115.401 (b)

The Indiana Department of Correction has worked to ensure that at least one third of each facility type operated by the Agency or by a private organization on behalf of the agency was audited. The Executive Director of PREA Compliance acknowledged the importance of maintain compliance with the auditing schedule.

Provision 115.401 (h)

The Indiana Department of Correction Pendleton Juvenile Correction Center allowed the auditor to conduct a comprehensive audit of the facility with full unfettered access to the all the buildings on the campus, to staff, and to residents, to documentation and files. The auditor was able to conduct private interviews with staff, contractors, residents, and volunteers in confidential locations without any interruptions. The climate and environment allowed the auditor insight into the daily operations of the facility.

Provision 115.401 (i)

The auditor received all the documentation that was requested. The documentation was both upload on a secure link that was only accessible with permission and provided as a hard copy.

Provision 115.401 (m)

The auditor was able to conduct private interviews with staff, contractors, residents, and volunteers in confidential locations without any interruptions.

Provision 115.401 (n)

The auditor provided contact information on a PREA Audit Notice that was posted throughout the facility; nevertheless, the auditor did not receive any correspondence from residents nor staff.

Based on the information integrated in the agency policies, documentation reviewed and information obtained as a result of staff interview, it is determined that the facility is in compliance with and meets the standard.

1) Corrective Action:

No corrective action was required for this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Indiana Department of Correction website indicated that the last PREA Audit for Pendleton Juvenile Correction Facility was conducted on May 16-May18, 2016, and the date of the final report was June 6, 2016. The final report is available to view at this web address:

<https://www.in.gov/idoc/2832.htm>

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

LaShana Harris

May 15, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.